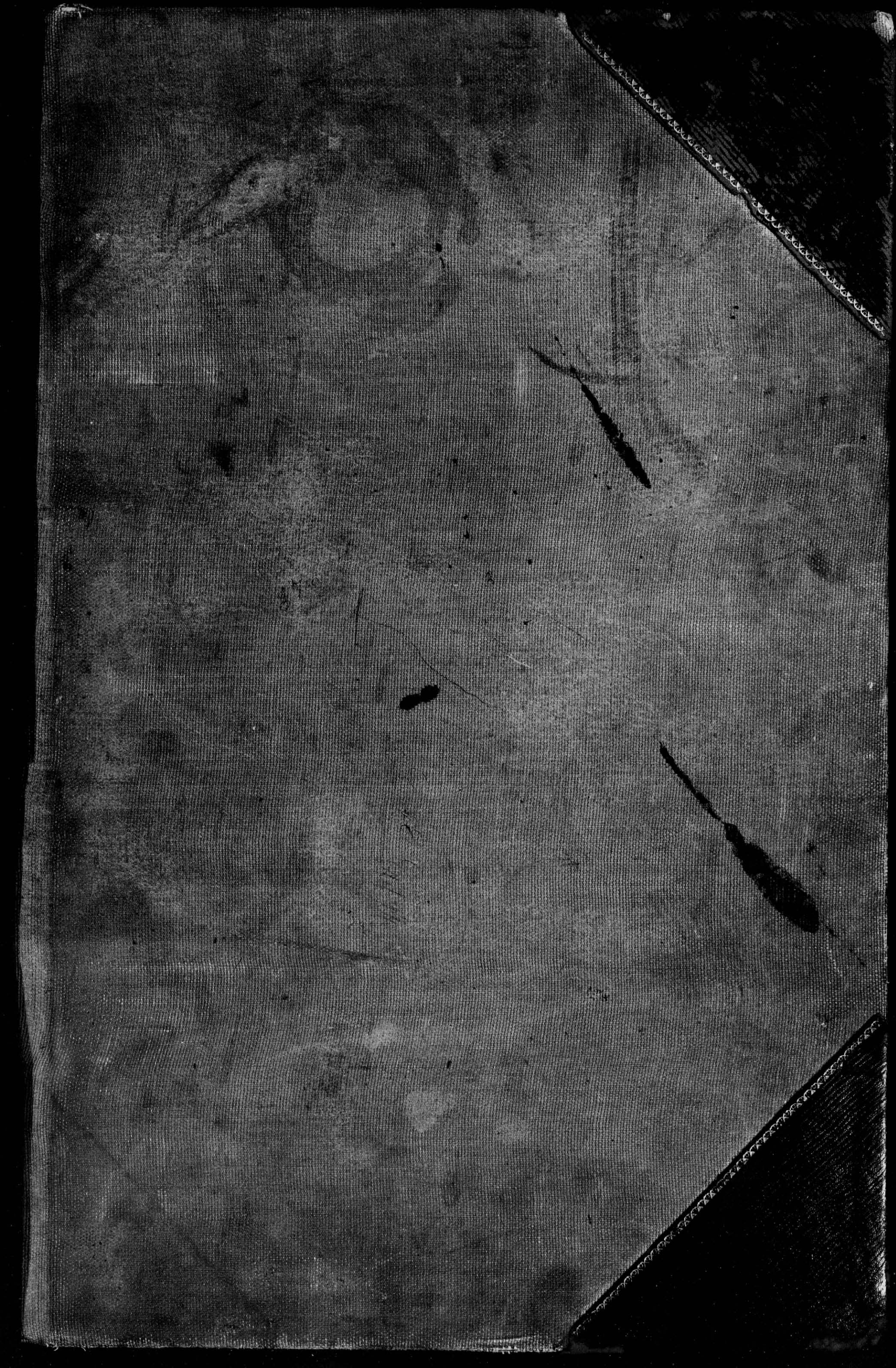




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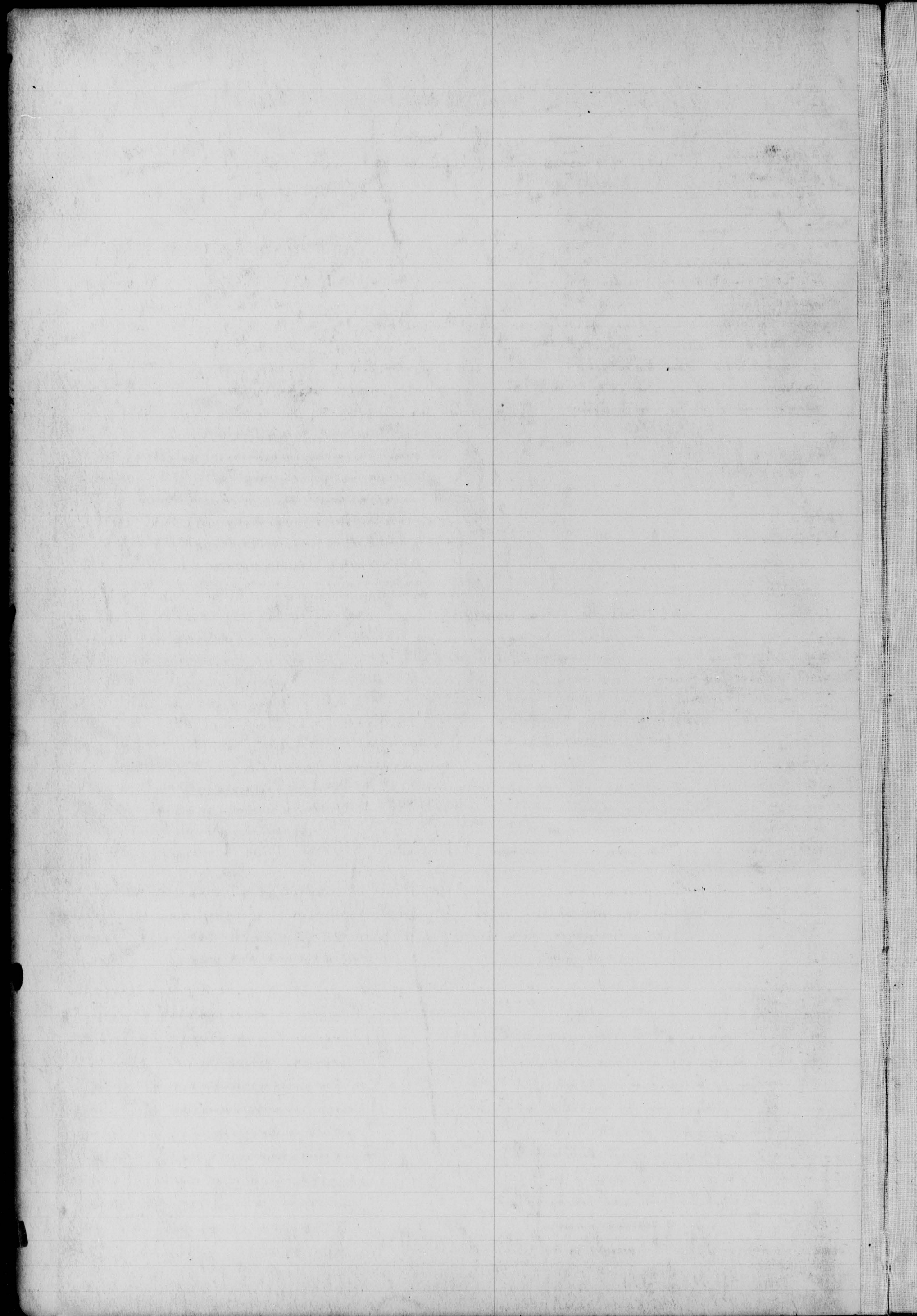
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No. for		Record of the Funeral of		Total No.	
Year 19 <u>10</u>		<u>Joseph Channon</u>		To Date <u>1</u>	
Date of Death <u>Jan. 3</u> 19 <u>10</u>		Color <u>White</u>		Age <u>12</u> yrs	
Full Name <u>Joseph Channon</u>		Single <u>Single</u>		Married <u>Married</u>	
Last Place of Residence <u>No Adams Mass</u>		Street <u>No Holden</u>		No <u>52</u>	
Occupation <u>None</u>		Sex <u>Male</u>		Widowed <u>Widowed</u>	
Birthplace, or if Foreign Born <u>No Adams Mass</u>		Birthplace <u>Champlain N.Y.</u>		Mother's <u>"</u>	
Father's Name <u>Lester Channon</u>		Mother's Name <u>Laura Richards</u>		Chief Cause of Death <u>Shock</u>	
Attending Physician <u>Dr. Harper</u>		Contributing Cause <u>following hard labor</u>		Residence <u>Ashland St.</u>	
Place of Burial <u>"</u>		Cemetery Lot or Grave No. <u>"</u>		Section No. <u>"</u>	
Services at <u>None</u>		Time of Services <u>"</u>		Date of Burial <u>"</u>	
Officiating Clergyman <u>None</u>		Number of Casket or Coffin <u>P. K.</u>		Size <u>1/9</u>	
Lining <u>White</u>		Pillow <u>None</u>		Maker <u>Bristol</u>	
Plate <u>None</u>		How Engraved <u>None</u>		Handles <u>None</u>	
Number of Robe <u>None</u>		Color <u>None</u>		Outside Case <u>None</u>	
Body Preserved with <u>Fixed</u>		Washing, Dressing and Shaving <u>None</u>		Plate Engraved <u>None</u>	
Use <u>Doz. Chairs</u>		Draperies <u>None</u>		Candelabra <u>1</u>	
Removing Remains <u>None</u>		Crape <u>None</u>		Gloves <u>None</u>	
Cemetery Expenses <u>None</u>		Church Expenses <u>None</u>		Linen Scarf <u>None</u>	
Hearse to <u>None</u>		Cemetery, City Call or R. R. Depot <u>None</u>		Number Coaches to <u>None</u>	
Porters <u>None</u>		Advertised in <u>None</u>			

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Year 19...10.....

William Heffernan

To Date.....5.....

Date of Death.....January 10.....1910.....

Color White Age 1

{ Years... 2 2
 { Months.....
 { Days.....

Full Name.....William H. Gorman

Single.....
Married.....*Married*.....
Widowed.....

Last Place of Residence.....No Adams Mass

Street Liberty No.

Occupation.....Brakeman

Sex Male I

Birthplace, or if Foreign Born..... Adams Mass.

Father's Name William Hoffman Birthplace _____

Mother's “

Chief Cause of Death Struck by Locomotive Contributing Cause

Attending Physician.....*Atbol Physician*.....

“ “ Residence..... *Athal*

Place of Burial No. Adams Mass

Cemetery Lot or Grave No. Hillside Cemetery

Section No.

Services at.....St. Francis

Time of Services..... 9 A. M. January 13

Date of Burial.....January 113. '10

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ⊕
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMENTERY LOT

Number of Casket or Coffin # 83 Size 6/6 Maker National

Lining *White Silk* Pillow *Silk* Handles *Copper*

Plate Copper How Engraved Name

Number of Robe..... Color Black

Outside Case *Lehestnut* Plate Engraved.....Delivered to

Body Preserved with.....*Mullum*.....Washing, Dressing and Shaving

Use.....2 Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape Grey & White Gloves 6 Pr Green

Cemetery Expenses.....Church Expenses.....Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot.

Number Coaches to.....*None*..... " " " " "

Porters.

Advertised in.....*Dailies*

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 _____ Edward Smith _____ To Date 9 _____
 Date of Death January 24 19 10 _____ Color White Age _____ { Years 76 _____
 _____ { Months _____
 _____ { Days _____
 Full Name Edward Smith _____ { Single _____
 _____ { Married _____
 _____ { Widowed Widowed _____
 Last Place of Residence Old Mrs. Home Holyoke Mass Street _____ No. _____
 Occupation Retired _____ Sex Male _____
 Birthplace, or if Foreign Born Ireland _____
 Father's Name _____ Birthplace _____
 Mother's " _____
 Chief Cause of Death Chronic Nephritis _____ Contributing Cause _____
 Attending Physician Holyoke, dr. _____
 " " Residence Mass _____
 Place of Burial No. Adams _____
 Cemetery Lot or Grave No. So. View Cemetery _____
 " Section No. _____
 Services at St. Francis _____
 Time of Services 9 A. M. Jan. 26 '10 _____
 Date of Burial Jan 26 '10 _____
 Officiating Clergyman _____

☐ Mark position of Grave on Lot in Red thus:
☒ " " Monument on Lot thus:
☐ " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 17 1/2 Size 6 1/2 Maker National \$ _____
 Lining White Pillow White Satin Handles Black Copper _____
 Plate Black & Copper How Engraved Name _____
 Number of Robe Black Suit Color Black _____
 Outside Case Chestnut Plate Engraved Name _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs _____ Draperies _____ Candelabra Best Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____
 Porters _____
 Advertised in Dailies _____

Dr.

J. L. COMISKY
 FUNERAL REGISTER
 1910-1915
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NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 _____ Guard Anthony Martin To Date 17 _____
 Date of Death Mar 6 1910 Color White Age _____ { Years _____
 _____ { Months _____
 _____ { Days 10 _____
 Full Name Guard Anthony Martin { Single Single
 { Married _____
 { Widowed _____
 Last Place of Residence No Adams Street Holden No. 39
 Occupation None Sex _____
 Birthplace, or if Foreign Born No Adams Birthplace Troy N.Y.
 Father's Name Alonzo Martin Mother's Catherine Harrington
 Chief Cause of Death _____ Contributing Cause _____
 Attending Physician Dr. W. E. Grady
 " " Residence Holden St.
 Place of Burial _____
 Cemetery Lot or Grave No. _____
 " Section No. _____
 Services at _____
 Time of Services _____
 Date of Burial _____
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin P.A. 29 Size 2 1/2 Maker Bristol \$ _____
 Lining White Pillow None Handles _____
 Plate One How Engraved Stamped
 Number of Robe One Color White
 Outside Case None Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra Sil Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to None " " " " _____
 Porters _____
 Advertised in Times

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No. 19

Year 19 10

To Date

Date of Death March 21 1910

Color White Age

 Years 45
 Months
 Days

Full Name Mary A Hassett

 Single
 Married
 Widowed

Last Place of Residence No Adams

Street E Main No 381

Occupation None

Sex female

Birthplace, or if Foreign Born Pittsfield Mass

Father's Name Christopher Rooney

Birthplace Ireland

Mother's Susan M Goodie

York, Me

Chief Cause of Death Pulmonary Tuberculosis Contributing Cause

Attending Physician Dr. A. J. Brown

Residence Church St

Place of Burial No Adams

Cemetery Lot or Grave No St Joseph's

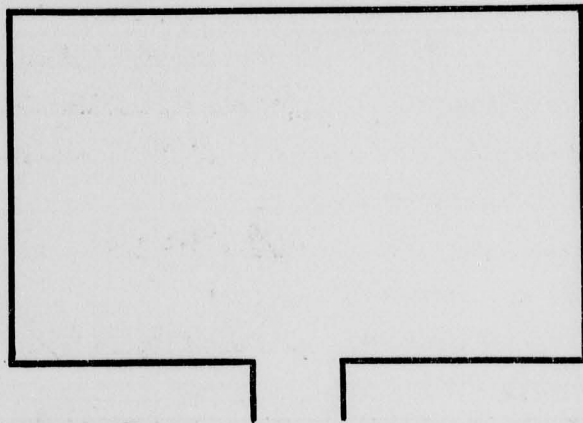
Section No

Services at St Francis

Time of Services 7 P.M. Mar. 24 1910

Date of Burial Mar. 24 1910

Officiating Clergyman

 Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.


CEMETERY LOT

Number of Casket or Coffin 151 Size 4 1/2 x 2 1/2 Maker National \$

Lining White Pillow None Handles Silver

Plate Silver How Engraved Name

Number of Robe Black Color Black Cashmere

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Draperies Washing, Dressing and Shaving

Use 2 Doz. Chairs Draperies Candelabra Best Candles 8 lbs

Removing Remains Crape Black & White Gloves Black

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in Charles

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____
Year 19 18.....

Record of the Funeral of
Samuel L. Taylor - 18 years

Total No. _____
To Date 21.....

Year 19...10..... To Date...21.....
 Date of Death...Mar, 27 19 10..... Color...White..... Age.....
 { Years.....
 { Months.....

Full Name Female infant of Joseph Marocco { Single Single
Married.....
Widowed.....

Last Place of Residence. *N. Adams* Street. *Pyar's Lane No. 18*

Occupation None Sex ♂

Birthplace, or if Foreign Born, No. Adams St.

Father's Name, Joseph Marucca Birthplace, Italy

Mother's " Mary A. Astronida " " "

Chief Cause of Death Stillborn Contributing Cause.....

Attending Physician..... J. H. Mc Grath.....

“ “ Residence Golden St.

Place of Burial..... *No. 42 days*

Cemetery Lot or Grave No. So. View.

“ Section No.

Services at.....

Time of Services.....)

Date of Burial Mar 28 10

Officiating Clergyman.....

Number of Casket or Coffin P.K.S. Size 1/2 Maker Bristol \$

--	--

Lining White Pillow ✓ Handles —

Plate.....How Engraved.....

Number of Robe.....Color.....

Outside Case.....None.....Plate Engraved.....Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves.....

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
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Hearse to.....Cemetery, City Call or R. R. Depot.....

Number Coaches to..... " " " " "

Porters.....	
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.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10

Record of the Funeral of
William H. Bakay

Total No.
To Date 23

Date of Death Mar. 31 19 10 Color White Age 39 { Years 39
Months 9
Days 9

Full Name William H. Bakay { Single Married
Married Married
Widowed Married

Last Place of Residence No. Adams Finass Street Union St No. 460

Occupation Wine Clerk Sex Male

Birthplace, or if Foreign Born Patterson N. J.

Father's Name John Bakay Birthplace Ireland

Mother's Mary Norton

Chief Cause of Death Pneumonia Contributing Cause

Attending Physician Dr. Harper

Residence Ashland

Place of Burial St. Josephs

Cemetery Lot or Grave No.

Section No.

Services at St. Francis

Time of Services 10:30 A M Apr 2

Date of Burial Apr. 2 '10

Officiating Clergyman

Number of Casket or Coffin 3/10 Size 6/6 Maker National \$

Lining White Pillow None Handles Sil

Plate Sil How Engraved Name

Number of Robe P Color Black Cash

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Lotion Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Brst Candles 6 lbs

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Josephs Cemetery, City Call or R. R. Depot

Number Coaches to 9

Porters

Advertised in Harlow

Mark position of Grave on Lot in Red thus ☒ $\oplus$
" " Monument on Lot thus ☐
" " other Graves and points of Compass
on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....27

Date of Death..... April 2..... 1910

Color White.....Age

{ Years... 2
Months.....
Days.....

Full Name

Single.....
Married..... *married*
Widowed.....

Last Place of Residence, No home.

Street State No. 361

Occupation.....No labor.....

Sex Male

Birthplace, or if Foreign Born.....So. Hadley Mass.

Father's Name.

Birthplace.....

Mother's

Chief Cause of Death.....Pulmonary fever.....

Contributing Cause.....

Attending Physician.....*Dr. Rosa Fletcher*

“ “ Residence..... *Sumner*.....

Place of Burial.....No tidamo

Cemetery Lot or Grave No. 20. 11111

“ Section No. 7 rev

Services at.....Not in Name

Time of Services.....10 A.M. Am. 4

Date of Burial..... Apr. 4, 18

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

GEMETERY LOT

Number of Casket or Coffin.....# 1.....Size.....3/4.....Maker.....H. L. Young

Lining White Pillow None Handles Box

Plate.....*Nine*.....How Engraved

Number of Robe.....Color.....Black

Outside Case.....*Pine*.....Plate Engraved.....Delivered to

Body Preserved with.....*Litoline*.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to.....2..... " " " " "

Porters.

Advertised in.....*Clarion*.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19....10.....

To Date.....20.....

Date of Death.....April.....8.....1910.....

Color *White* Age } Months.....
 } Days.....

Full Name Thomas V. Howard.

Single.....*Single*
Married.....
Widowed.....

Last Place of Residence.....No. Adams.

Street Spring Ave No. 1

Occupation.....Labourer.

Sex Male

Birthplace, or if Foreign Born..... West Rutland Vt.

Father's Name. Thomas Howard.

Birthplace *Ireland*

Mother's " Mary M^e Gowan

Chief Cause of Death.....*Infocarditis*

Contributing Cause.....

Attending Physician.....*Dr. Foster*.....

“ “ Residence..... *Amoy*

Place of Burial..... West Rutland, Vt.

Cemetery Lot or Grave No. St Bridgets

“ Section No.

Services at.....St. Francis

Time of Services..... 6.30 A.M. Apr. 11, 10.....

Date of Burial..... Apr. 11 1910,

Officiating Clergyman Rev. Murphy

Number of Casket or Coffin..... 3163 $\frac{1}{2}$ Size..... 6 $\frac{1}{8}$

Maker *F. Lounce* \$

Lining..... *Is site* Pillow..... *None*

Handles.....Nickel Estate.....

Plate Sil How Engraved Name

Number of Robe.....Color.....*Black*

Outside Case.....Pine.....Plate Engraved.....Delivered to

Body Preserved with.....Liquin.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf

Hearse to Depot. Cemetery, City Hall or R. R. Depot.

Number Coaches to.....2..... " " " " "

Porters.

Advertised in.....*Times*.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19.../...

Record of the Funeral of

Total No. 29
To Date.....

Date of Death..... 1910.....

Color White

Age

{ Years... 62
 { Months.....
 { Days.....

Full Name.....James E. Strain.....

Single

Married

Widowed

Widowed

Last Place of Residence.....No. 6 Adams.

Street *Montgomery* No. *1*

Occupation Retired

Sex

Birthplace, or if Foreign Born.....Ireland

Father's Name..... Frank Gilrain

Birthplace Ireland

Mother's " Mary Leavin

Chief Cause of Death *epidemic leystitis*

Contributing Cause

Attending Physician *Dr. M. M. Brown*

“ “ Residence Wakyan

Place of Burial Rutland Vt.

Cemetery Lot or Grave No Rutland

" Section No 1 + Franco

Emergence at 10 A.M. Apr 11 10

Time of Exercises 1 1/2 P. 45. 11 12

Date of Renewal *Apr 11 1900*

Date of Burial:
 Officiating Clerk:

Officializing Clergyman.....

Number of Casket or Coffin like 3110 Size 6/8 Extra Maker B. B. Co.

Lining *White* Pillow *None*.

Plate Sil How

Number of Robe *lion clothes* Color *black*

Outside Case Pine Plate Engraved Delivered

Body Preserved with Liofin Washing, Dressing and Shaving

Use.....*Doz. Chairs*.....*Draperies*.....*Candelabra*.....*Candle*.....

Removing Remains.....*Crape*.....*Glo*

Cemetery Expenses Church Expenses.....

Hearse to *Albion*. Cemetery. City Call or R. R. De

Number Coaches to	1350	"	"	"	"
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Doctors

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 1910

Record of the Funeral of
Mary A. Columbus

Total No.
To Date 31

Date of Death April 14 1910 Color White Age 58
 { Years...
 Months...
 Days...

Full Name Mary A. Columbus { Single...
 Married Married
 Widowed...

Last Place of Residence Seymour Mass. Street... No...
 Occupation Nurse Sex female

Birthplace, or if Foreign Born Canada

Father's Name Jacob Segle Birthplace Canada

Mother's " Mary A. Segle " " "

Chief Cause of Death Carcinoma of Stomach Contributing Cause...

Attending Physician Seymour Doctor

" " Residence Seymour

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No. St. Francis

Services at St. Francis

Time of Services 9:45 A.M. April 16

Date of Burial April 16, 1910

Officiating Clergyman...

Mark position of Grave on Lot in Red thus: ☐
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin 3115 Size 57 1/2 Maker National \$
 Lining White Pillow White silk Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Under dress Color Black
 Outside Case Pine Plate Engraved... Delivered to...
 Body Preserved with Unknown Washing, Dressing and Shaving...
 Use... Doz. Chairs... Draperies... Candelabra Best Candles 1 set
 Removing Remains... Crape Br. Purple Gloves 4 Pr. Grey
 Cemetery Expenses... Church Expenses... Linen Scarf...
 Hearse to St. Joseph's Cemetery, City Call or R. R. Depot...
 Number Coaches to 10 " " " " " "
 Porters...
 Advertised in Dailies Train Order

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10

Record of the Funeral of
Martin M. Carthy

Total No. 33
To Date

Date of Death May 1 19 10 Color White Age 87
 { Years 87
 Months
 Days

Full Name Martin M. Carthy { Single
 Married
 Widowed Widowed

Last Place of Residence No. Adams Mass Street Salem No.
 Occupation Retired Sex Male

Birthplace, or if Foreign Born Ireland

Father's Name Michael M. Carthy Birthplace Ireland

Mother's Anne Thompson

Chief Cause of Death Apoplexy Contributing Cause Senility

Attending Physician Dr. M. J. McGrath

" " Residence Holden

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No.

Services at St. Francis

Time of Services 9 A.M. May 3 10

Date of Burial May 3

Officiating Clergyman Rv. Sullivan

Number of Casket or Coffin 2048 Size 6/4 Maker Felounee \$
 Lining White Satin Pillow Satin Handles Ch & Sil

Plate Ch & Sil How Engraved Name

Number of Robe Black Cash Color Black Cash

Outside Case Chestnut Plate Engraved Delivered to

Body Preserved with Mullum Washing, Dressing and Shaving

Use 2 Doz. Chairs Draperies Candelabra Bret Candles 6 lbs

Removing Remains Crape 13x Purple Gloves 6 Pr. Black

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to Five " " " "

Porters

Advertised in Dailies

Mark position of Grave on Lot in Red thus: 
 " " " Monument on Lot thus: 
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 1910 Record of the Funeral of Adel Reed Total No. 37
To Date 37

Date of Death May 7 19 10 Color _____ Age _____
{ Years 47
Months _____
Days _____

Full Name Adel Reed { Single _____
Married Married
Widowed _____

Last Place of Residence No Adams Street Marshall No. 54

Occupation None Sex female

Birthplace, or if Foreign Born Glen Falls N.Y.

Father's Name Nicholas San Souci Birthplace Canada

Mother's " Adel Benoit " " "

Chief Cause of Death Pneumonia Contributing Cause _____

Attending Physician Wm. Riley

" " Residence Richmond Hotel

Place of Burial So View

Cemetery Lot or Grave No. _____

" Section No. _____

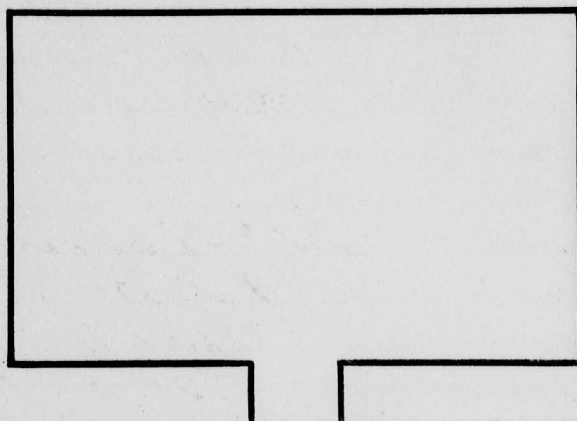
Services at None Home

Time of Services _____

Date of Burial _____

Officiating Clergyman _____

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin _____ Size _____ Maker _____ \$ _____

Lining _____ Pillow _____ Handles _____

Plate _____ How Engraved _____

Number of Robe _____ Color _____

Outside Case _____ Plate Engraved _____ Delivered to _____

Body Preserved with _____ Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to _____ Cemetery, City Call or R. R. Depot _____

Number Coaches to _____ " " " " " " _____

Porters _____

Advertised in _____

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1910

To Date

Date of Death May 18 1910

Color White Age 60

 Years
 Months
 Days

Full Name

Ellen Flemming

 Single
 Married
 Widowed *widow*

Last Place of Residence

101 Brooklyn St

Street

No. 101

Occupation

Housewife

Sex

female

Birthplace, or if Foreign Born

Ireland

Father's Name

Timothy Lavinlan

Birthplace

Ireland

Mother's

Mary Hurley

Chief Cause of Death

Contributing Cause

Attending Physician

Dr. Galvin

Residence

Blackinton

Place of Burial

Hillside Cemetery

Cemetery Lot or Grave No.

Section No.

Services at

St. Francis

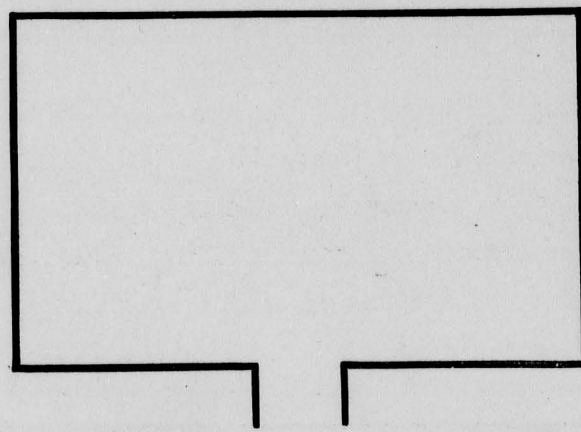
Time of Services

1:30 pm 15th

Date of Burial

May 18 - 10

Officiating Clergyman

 Mark position of Grave on Lot in Red thus:
 " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.


CEMETERY LOT

Number of Casket or Coffin

1210

Size

6/8

Maker

National

\$

Lining

White

Pillow

None

Handles

Sil

Plate

Sil

How Engraved

Name

Number of Robe

Black Cash

Color

Black

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Mulleum

Washing, Dressing and Shaving

Use

2 Doz. Chairs

Draperies

Candelabra

Post

Candles

Removing Remains

Crape

By purple

Gloves

6 P. Black

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

9

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...10.....

Halter Doolley

To Date 43.....

Date of Death.....May 19.....1910.....

Color White

Age

Years.....54.....

Months.....

Days.....

Full Name..... Walter Doolley

Single.....*Single*.....

Married.....

Widowed.....

Last Place of Residence.....W. Marksbury Mass......Street.....No.....

Occupation Sahemahi Sex Male

Birthplace, or if Foreign Born. Cheshire Mass.

Father's Name Peter Hlooby Birthplace Ireland

Mother's " Catharine Barden " 9

Chief Cause of Death.....*Pneumonia*.....Contributing Cause.....

Attending Physician..... Dr. M. M. Brown pass

Residence, No - Adams

Place of Burial..... So. View Cem.

Cemetery Lot or Grave No.....

“ Section No.

Services at St. Francis

Time of Services..... 9:30 a.m. May 21, 10

Date of Burial May 26

Officiating Clergyman.....

Number of Cigarettes Given 171 Ant Rak. Size 6/ Make Natural on

Number of Casket or Coffin 1 Size 76 Maker W. H. & C.
 Lining Velvet Biller None Handles Black & copper

Lining Home Pillow pillow Headrest Headrest
 Plate copper Horn Engraved Name !

Plate Copper How Engraved Hand
Number of Rebs 1 Color Black Cash

Number of Ribs Color *as above*
Outside Case *Phestnut* Plate Engraved *✓* Delivered to

Body Preserved with *Mullum* Washing Dressing and Shaving

Body Reserved With.....	Washing, Dressing and Shaving.....		
Use 9 Doz Chairs — Draperies Candelabra <i>best</i> Candles			

Use <u>2</u> Dos. Chairs	<u>2</u> Draperies	<u>2</u> Canopies	<u>2</u> Canopies
Removing Remains	Crate <u>Gray</u>	Gloves <u>h.p. Gray</u>	

Cemetery Expenses	Church Expenses	Linen Scarf
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Hearse to St. Louis Cemetery, City Call or R. R. Depot.....

Number Coaches to	"	"	"	"	"
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Porters

[illegible]

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 10Bridget M. GormanTo Date 4/4Date of Death May 20 19 10Color White

Age

Years 5-8Months 11

Days

Full Name

Bridget M. Gorman

Single

Married

Widowed

Widowed

Last Place of Residence

No. AdamsStreet AshlandNo. 372

Occupation

None

Sex

Female

Birthplace, or if Foreign Born

Ireland

Father's Name

Thomas Brady

Birthplace

Ireland

Mother's

Mary Langdon

Chief Cause of Death

Brain Pneumonia

Contributing Cause

Attending Physician

Dr. R. Hobbs

"

"

Residence

No. Adams

Place of Burial

No. Adams

Cemetery Lot or Grave No.

Hillside

"

Section No.

St. Francis

Services at

St. Francis

Time of Services

2 P.M. May 22 1910

Date of Burial

May 22

Officiating Clergyman

Rev. Murphy

Number of Casket or Coffin

3170

Size

6/0

Maker

National

\$

Lining

White

Pillow

None

Handles

Sil

Plate

Sil

How Engraved

Name

Number of Robe

Color

Black Cash

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Mullum

Washing, Dressing and Shaving

Use 2 Doz. Chairs

Draperies

Candelabra

Brat

Candles

4

Removing Remains

Crape

Dr. Purple

Gloves

6 Pr Black

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

6

Porters

Advertised in

Harlies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...10.....

Thomas Casey

To Date.....47.....

Date of Death May 24 1910

Color *White* Age *1* Months *1*

{ Years.....~~44~~.....
 { Months.....
 { Days.....

Full Name.....Thomas Casey.....

{ Single.....
 { Married..... *Married*
 { Widowed.....

Last Place of Residence.....*Street*.....*No.*.....

Occupation Seaborn Sex Male

Birthplace, or if Foreign Born.....Ireland.....

Father's Name Michael Casey Birthplace Ireland

Mother's " Susan, Mollie

Chief Cause of Death Fall from height Contributing Cause

Attending Physician Dr. M. C. Smith

Residence Holden

Place of Burial..... *No Adams*.....

Cemetery Lot or Grave No. St Joseph's Lot 1, above 5

“ Section No. 000.....

Services at St. Francis

Time of Services 9 A. M. May 26

Date of Burial May 26 190

Officiating Clergyman Rev. J. Murphy

an *Adelphi* Design 61 *Ma* " " " on 1 *Bristol*

Number of Casket or Coffin Just top layer Size 7/0 Maker W. H. & C.

Lining Red Pillow Red Handles Red

Plate.....	How Engraved.....

Number of Robe	Color
10	

Outside Case None Plate Engraved..... Delivered to.....

Body Preserved with..... <i>Formalin</i>	Washing, Dressing and Shaving.....			
--	------------------------------------	-------	-------	-------

Use.....	Doz. Chairs.....	Draperies.....	Candelabra.....	Candles.....	
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Removing Remains.....	Crape.....	Gloves.....		
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....		
8.11	6.11			

Hearse to St. Joseph's Cemetery, City Hall or R. R. Depot.....

Number Coaches to 3

Porters.....		
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Mark position of Grave on Lot in Red thus: ☐
 " " " Monument on Lot thus: $\oplus$
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 Henry N. Phelps To Date 51
 Date of Death June 4 1910 Color White Age _____
 { Years 64
 { Months _____
 { Days 24
 Full Name Henry N. Phelps { Single _____
 { Married married
 { Widowed _____
 Last Place of Residence No. Adams Street Union No. 565
 Occupation Farmer Sex Male
 Birthplace, or if Foreign Born Florida Mass
 Father's Name Wm. Phelps Birthplace Unknown
 Mother's " Unknown " "
 Chief Cause of Death Apoplexy Contributing Cause _____
 Attending Physician Dr. M. E. Grath
 " " Residence Holden
 Place of Burial So. View
 Cemetery Lot or Grave No. 425 N. E. 2
 " Section No. _____
 Services at Home
 Time of Services 2 P M June 7
 Date of Burial June 7
 Officiating Clergyman Rev. Spencer

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 3110 Size 5/9 Maker Natural \$ _____
 Lining White Pillow None Handles Spinal
 Plate Alford How Engraved Name & age
 Number of Robe _____ Color Black Dress Suit
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Mulsum Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs _____ Draperies _____ Candelabra None Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " _____
 Porters _____
 Advertised in Advertiser

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 Catharine Henry To Date 55
 Date of Death June 17 1910 Color _____ Age 29 { Years 29
 Months 9
 Days 12
 Full Name Catharine Henry { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No Adams Street Jackson No. 28 1/2
 Occupation Shoemaker Sex Female
 Birthplace, or if Foreign Born West Doudley Mass Birthplace Ireland
 Father's Name James Henry Mother's "
 Chief Cause of Death Holgerkin Disease Contributing Cause _____
 Attending Physician E. H. Sullivan
 " " Residence Main
 Place of Burial No Adams
 Cemetery Lot or Grave No. St Joseph's
 " Section No. _____
 Services at St Francis
 Time of Services 9 A. M. June 21 10
 Date of Burial June 21 10
 Officiating Clergyman Rev. Sullivan

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin 1101 LOS Size 8 7/9 Maker Bristol \$ _____
 Lining White Silk Pillow White Handles Uld Sil
 Plate Uld Silver How Engraved Name
 Number of Robe White Cash Color White
 Outside Case Chestnut Plate Engraved _____ Delivered to _____
 Body Preserved with Mullum Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs _____ Draperies _____ Candelabra Best Candles _____
 Removing Remains _____ Crape White Gloves Grey
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to 10 " " " " " "
 Porters _____
 Advertised in Mailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10

Record of the Funeral of
Angelina Accetta

Total No.
To Date 5-8

Date of Death June 22 1910 Color White Age 9 Years 9 Months 18 Days

Full Name Angelina Accetta Single Single Married Married Widowed Widowed

Last Place of Residence No. Adams Street Walnut No. 357

Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams Birthplace Springfield Mass

Father's Name Joseph Accetta Mother's Theresa Impistonio Birthplace Italy

Chief Cause of Death Capillary Bronchitis Contributing Cause None

Attending Physician Dr. Sullivan Residence Main

Place of Burial No. Adams Cemetery Lot or Grave No. St. Joseph's Section No. St. Anthony's

Services at St. Anthony's Time of Services 3 P.M. June 23 10 Date of Burial June 23 10 Officiating Clergyman Rev. Lantanzzi

Number of Casket or Coffin like # 5-0 Size 2/6 Maker National \$ 50.00

Lining White Pillow None Handles Sil

Plate Sil cross How Engraved Name & age

Number of Robe Quince Color White

Outside Case Pine Plate Engraved None Delivered to None

Body Preserved with None Washing, Dressing and Shaving None

Use Doz. Chairs Draperies None Candelabra Sil Candles None

Removing Remains None Crape None Gloves None

Cemetery Expenses None Church Expenses None Linen Scarf None

Hearse to White Cemetery, City Call or R. R. Depot None

Number Coaches to Sil " " " " " "

Porters None

Advertised in Dailies

Mark position of Grave on Lot in Red thus: ☒
 " " " Monument on Lot thus: ☐
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 _____ Michael Scanlon To Date 64 _____
 Date of Death July 3 1910 Color White Age _____ { Years 63
 Months _____
 Days _____
 Full Name Michael Scanlon { Single ✓
 Married _____
 Widowed _____
 Last Place of Residence Adams Mass Street Douglas No. _____
 Occupation Section Hand on R.R. Sex Male
 Birthplace, or if Foreign Born Clinton N.Y.
 Father's Name Bartholomew Scanlon Birthplace Ireland
 Mother's Elizabeth Lynch
 Chief Cause of Death Accidental Drowning Contributing Cause _____
 Attending Physician A. J. Brown
 " " Residence No. Adams
 Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No. _____
 Services at St. Francis
 Time of Services 2 P.M. July 6
 Date of Burial July 6 1910
 Officiating Clergyman Rev. Walsh

Mark position of Grave on Lot in Red thus: ☐
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin 64 Size 6/6 Maker Florence \$ _____
 Lining Sil Pillow None Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Chun Clothes Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Case Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra Best Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Hillside Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____
 Porters _____
 Advertised in Mailier

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1910

Record of the Funeral of
Edward Burnash

Total No.
To Date 66

Date of Death July 7 1910 Color White Age { Years 4 Months 4 Days 13

Full Name Edward Burnash { Single Single Married Widowed

Last Place of Residence No. Adams Street High No. 23

Occupation None Sex

Birthplace, or if Foreign Born No. Adams

Father's Name Edward Burnash Birthplace No. Adams

Mother's " " " "

Chief Cause of Death Gastro Intestitis Contributing Cause

Attending Physician Dr. Riley

" " Residence Richmond Hotel

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No.

Services at None

Time of Services

Date of Burial July 8 '10

Officiating Clergyman

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

Number of Casket or Coffin 12 P.R. Size 2 1/2

Lining White Pillow None

Plate None How Engraved

Number of Robe Color White

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Frigid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to One " " " "

Porters

Advertised in Herald

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1910

Record of the Funeral of
Harold Johnrow

Total No.
To Date 67

Date of Death July 8 1910 Color White Age { Years 8 Months 20 Days 20

Full Name Harold Johnrow { Single Single Married Widowed

Last Place of Residence No Adams Street Lincoln No 30

Occupation None Sex

Birthplace, or if Foreign Born No Adams Birthplace New York

Father's Name David Johnrow Mother's " Annie Leplant " White Hall N.Y.

Chief Cause of Death Contributing Cause

Attending Physician H. B. Brousseau

" " Residence Eagle

Place of Burial So Union No Adams

Cemetery Lot or Grave No.

" Section No.

Services at

Time of Services

Date of Burial

Officiating Clergyman

Number of Casket or Coffin Size Maker \$

Lining Pillow Handles

Plate How Engraved

Number of Robe Color

Outside Case Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 Floyd Irvin Blanchard To Date 69
 Date of Death July 15 19 10 Color White Age _____
 { Years 7
 Months 7
 Days _____
 Full Name Floyd Irvin Blanchard { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Gallup No. 50
 Occupation Student Sex Male
 Birthplace, or if Foreign Born No. Adams Birthplace Brandon Vt.
 Father's Name Nelson Blanchard Birthplace Valatie N.Y.
 Mother's " Luella Plasse " _____
 Chief Cause of Death Chronic Pneumonia Contributing Cause _____
 Attending Physician Dr. J. H. Mather
 " " Residence Church
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. Grave 8, Section 15
 Services at Home
 Time of Services one o'clock P. M. July 17
 Date of Burial July 17
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus: ☐ ⊕
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 53 Size 4 1/2 Maker Florence \$ _____
 Lining White Pillow White Handles Silver bar
 Plate Q. A. How Engraved Embossed
 Number of Robe awn suit Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Ecco Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape White fine Gloves _____
 Cemetery Expenses 2.00 Church Expenses _____ Linen Scarf _____
 Hearse to cemetery Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " _____
 Porters _____
 Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1910
Date of Death July 19 1910
Full Name Male Infnt David Tessier
Last Place of Residence No Adams
Occupation None
Birthplace, or if Foreign Born No Adams
Father's Name David Tessier
Mother's Eva Bombardier
Chief Cause of Death Stillborn
Attending Physician Dr. Brossier
Residence Eagle
Place of Burial No Adams
Cemetery Lot or Grave No So View # 821
Section No Free
Services at Notre Dame
Time of Services 9 A M July 20
Date of Burial July 20 1910
Officiating Clergyman

Record of the Funeral of
Male Infnt David Tessier
Color White Age
Single Single
Married
Widowed
Street Brand No 162
Sex
Birthplace Can.
Contributing Cause

Mark position of Grave on Lot in Red thus
" " Monument on Lot thus
" " other Graves and points of Compass
on Lot, when necessary, in Black

CEMETERY LOT

Number of Casket or Coffin P. K. Reg Size 11/9 Maker Bristol \$
Lining White Pillow None Handles Lamb
Plate Blue Blasing How Engraved
Number of Robe One Color
Outside Case None Plate Engraved Delivered to
Body Preserved with Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to
Porters
Advertised in

Mark position of Grave on Lot in Red thus	
" " " Monument on Lot thus	
" " " other Graves and points of Compass	
on Lot, when necessary, in Black	

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....

Date of Death July 28 1910

Color White Age 1 Months 1

{ Years... 72
 { Months... —
 { Days... 8

Full Name James Flaherty

{ Single.....
 Married.....*married*
 Widowed.....

Last Place of Residence 17 Miller St Street No

Occupation Fireman Sex Male

Birthplace, or if Foreign Born Ireland

Father's Name Daniel Flaherty Birthplace Ireland

Mother's "Catherine Cleary" "Ireland"

Chief Cause of Death.....Contributing Cause.....

Attending Physician, Dr. Croft

Residence.....West Main st.....

Place of Burial *Keloids*

Cemetery Lot or Grave No.....

Section No. West side of Highway

Services at St. Francis

Time of Services..... 8 A.M.

Date of Burial July 30th 1910

Officiating Clergyman.....*Rev. Sullivan*.....

Mark position of Grave on Lot in Red thus: ☐ $\oplus$
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT 1

Number of Casket or Coffin 2/10 Size 40 Maker National \$ 100.00

Lining nice soft silk Pillow ————— Handles *Chiodoro*

Plate To match K&L How Engraved Hand

Number of Robe sew Color Blk

Outside Case Chestnut Plate Engraved..... Delivered to.....

Body Preserved with Cesco Washing, Dressing and Shaving

Use 2 Doz. Chairs..... Draperies..... Candelabra best..... Candles 6 lbs.....

Removing Remains.....Crape *Blk & Purple* Gloves *6 Pairs*.....

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
------------------------	----------------------	------------------	--

Hearse to Cemetery Cemetery, City Call or R. R. Depot.....

Number Coaches to " " " " "

Porters.....		
--------------	--	--

Advertised in Charles

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10 Stewart Vernon Knight Record of the Funeral of
Total No. 78
To Date 78

Date of Death Aug 1 19 10 Color White Age 2 { Years 2
Months 2
Days 2

Full Name Vernon Knight { Single Single
Married Married
Widowed Widowed

Last Place of Residence No. Adams Street Tremont No. 59
Occupation Nurse Sex Male

Birthplace, or if Foreign Born No. Adams Birthplace Monroe N. Y.
Father's Name Charles Knight Mother's Safford
Chief Cause of Death Starvation from Improper feeding Contributing Cause Bald Mt. N. Y.

Attending Physician C. J. Brown
" " Residente Church
Place of Burial South View
Cemetery Lot or Grave No.
" Section No.
Services at Home
Time of Services
Date of Burial Aug 2 10
Officiating Clergyman W. H. Sperry

Number of Casket or Coffin 2 1/2 #20 Size 2 1/2 Maker Miller B. \$
Lining White Pillow Nurse Handles Lamb
Plate Mar. Darling How Engraved
Number of Robe 4 Color White
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Fluid Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to One " " " " " "
Porters
Advertised in Dailies

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10 May Alma Sigouin Record of the Funeral of Total No. 79
To Date 79

Date of Death Aug 1 19 10 Color _____ Age _____
 { Years _____
 Months 27
 Days _____

Full Name May Alma Sigouin Single Single
 Married _____
 Widowed _____

Last Place of Residence No Adams Street Canal No. 2
 Occupation None Sex female

Birthplace, or if Foreign Born No Adams Birthplace Minneapolis Minn
 Father's Name Charles Sigouin Mother's Emma Kati
 Chief Cause of Death Intracolicitis Contributing Cause _____

Attending Physician Dr. Giguere
 " " Residence St. Louis

Place of Burial No Adams
 Cemetery Lot or Grave No. 50, Union
 " Section No. Five

Services at None
 Time of Services _____
 Date of Burial Aug 2
 Officiating Clergyman J. None

Number of Casket or Coffin P. K. 24 Size 2/0 Maker Bristol \$ _____
 Lining White Pillow None Handles Leant
 Plate Blue Marling How Engraved _____
 Number of Robe Four Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to One " " " " " "
 Porters _____
 Advertised in Wailus

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19~~70~~ 80 Harold Vincent Kelly To Date 81

Date of Death Aug 5 1980 Color White Age 25 { Years _____
 Months 1
 Days 25

Full Name Harold Vincent Kelly { Single Single
 Married _____
 Widowed _____

Last Place of Residence No Adams Street Glen Ave No. 93
 Occupation None Sex Male

Birthplace, or if Foreign Born No Adams Birthplace Pittsfield
 Father's Name James Kelly Mother's No Adams

Chief Cause of Death Gastro-Enteritis Contributing Cause _____
 Attending Physician Dr. Sullivan
 " " Residence Main

Place of Burial Hillside No Adams
 Cemetery Lot or Grave No. _____
 " Section No. _____

Services at None
 Time of Services Aug 6
 Date of Burial Aug 6
 Officiating Clergyman _____

Number of Casket or Coffin #20 P. Size 2 1/2 Maker Miller & B. \$ _____
 Lining White Pillow None Handles Sil
 Plate Am. Engraving How Engraved Stamped
 Number of Robe Am. dress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Frigid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape White Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " " _____
 Porters _____

Advertised in Mailies

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 _____ Thomas Francis Leahy To Date 83
 Date of Death Aug 12 19 10 Color White Age _____
 { Years 44
 Months 1
 Days 11
 Full Name Thomas Francis Leahy { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Holder No. 60
 Occupation Lester Sex _____
 Birthplace, or if Foreign Born No. Adams Birthplace Ireland
 Father's Name John Leahy Birthplace _____
 Mother's Josephine M. Leahy Birthplace _____
 Chief Cause of Death Fractured Skull Contributing Cause Fall down Stairs
 Attending Physician Dr. A. J. Brown, M.D.
 " " Residence Main
 Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No. _____
 Services at St. Francis
 Time of Services 3:30 P.M. Aug 13
 Date of Burial Aug 13, 1910
 Officiating Clergyman Rev. Sullivan
 Number of Casket or Coffin Silvery Brass Size 5'9" Maker Bristol \$ _____
 Lining White Satin Pillow White Satin Handles Old Sil
 Plate Old Sil How Engraved Name
 Number of Robellum Cloth Color Black
 Outside Case Lehestnut Plate Engraved _____ Delivered to _____
 Body Preserved with Hardening Comp. Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs _____ Draperies _____ Candelabra Best Candles 4 lbs
 Removing Remains _____ Crape White Gloves 6 P. Grey
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Hillside Cemetery, City Call or R. R. Depot _____
 Number Coaches to 4 " " " " " _____
 Porters _____
 Advertised in Dailies

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for 10 Record of the Funeral of Dominica Grande Total No. 84
 Year 19 10 To Date Aug 14 1910

Date of Death Aug 14 1910 Color White Age 44 3 22
 { Years 44
 Months 3
 Days 22

Full Name Dominica Grande { Single Married
 Husband Ernest Married Married
 Widowed Widowed

Last Place of Residence No. Adams Street Ryan Lane No. 8

Occupation None Sex Female

Birthplace, or if Foreign Born Italy Birthplace Italy

Father's Name Rizzuto Birthplace Italy

Mother's Unknown Birthplace Italy

Chief Cause of Death Uterine Cancer Contributing Cause None

Attending Physician Dr. W. E. Grath

" " Residence Golden

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No. St. Anthony's

Services at St. Anthony's

Time of Services 9:30 A M Aug 15

Date of Burial Aug 15

Officiating Clergyman None

Number of Casket or Coffin # 62 Size 7/6 Maker Florence \$ 11

Lining White Pillow None Handles Sil

Plate Sil How Engraved Name

Number of Robe Four Color Black

Outside Case Pine Plate Engraved None Delivered to None

Body Preserved with Esco Washing, Dressing and Shaving None

Use Doz. Chairs Draperies None Candelabra Sil Candles None

Removing Remains None Crape R & Purple Gloves 6 Pr blk

Cemetery Expenses None Church Expenses None Linen Scarf None

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot None

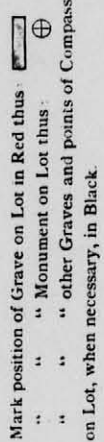
Number Coaches to None " " " " " "

Porters None

Advertised in Dailies

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 _____ Teresa Sicilano To Date 8.7 _____
 Date of Death Aug. 16 19 10 Color White Age _____ { Years 22
 Months 10
 Days 27
 Full Name Teresa Sicilano { Single _____
 Married Married
 Widowed _____
 Last Place of Residence No. Adams Mass Street Ryan Lane No. 17
 Occupation Housewife Sex Female
 Birthplace, or if Foreign Born Italy
 Father's Name Flaminio Gulino Birthplace Italy
 Mother's Nichino Chirita
 Chief Cause of Death Tuberculosis Contributing Cause _____
 Attending Physician Dr. H. Brown
 " " Residence Church St.
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph's
 " Section No. _____
 Services at St. Anthony's
 Time of Services 9:30 A.M. Aug 18 10
 Date of Burial Aug 18 10
 Officiating Clergyman Rev. Latanzza

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass _____
 on Lot, when necessary, in Black.

Number of Casket or Coffin Manifold Size 6/0 Maker B.B.E. Co. \$ _____
 Lining White Pillow Satin Handles Old Silver
 Plate Old Silver How Engraved _____
 Number of Robe Flun dress Color Gray
 Outside Case Chestnut Plate Engraved _____ Delivered to _____
 Body Preserved with Esko Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs _____ Draperies _____ Candelabra Best Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St. Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to 3 " " " " _____
 Porters 2
 Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 Stanislaus Hrobick To Date 93
 Date of Death Sept. 3 19 10 Color White Age _____
 { Years _____
 Months _____
 Days 1
 Full Name Stanislaus Hrobick { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Reed No. 13
 Occupation None Sex _____
 Birthplace, or if Foreign Born No. Adams
 Father's Name John Hrobick Birthplace Austria
 Mother's Eva Urszjak " "
 Chief Cause of Death Pneumonia Contributing Cause _____
 Attending Physician Dr. Brusseau
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View Free
 " Section No. _____
 Services at None
 Time of Services "
 Date of Burial _____
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin RKsg Size 79 Maker Bristol \$ _____
 Lining White Pillow None Handles None
 Plate None How Engraved None
 Number of Robe _____ Color White
 Outside Case None Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " _____
 Porters _____
 Advertised in Hallies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10

Record of the Funeral of
Thomas Egan,

Total No.
To Date 95

Date of Death Sept 10 19 10 Color White Age 69 { Years 69
Months 7
Days 25

Full Name Thomas Egan { Single Single
Married
Widowed

Last Place of Residence No. Adams Street Hall No. 119

Occupation Retired Sex Male

Birthplace, or if Foreign Born Ireland

Father's Name Andrew Egan Birthplace Ireland

Mother's Margaret Galligan

Chief Cause of Death Acute Septicemia Contributing Cause

Attending Physician Dr. Sullivan

" " Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No.

Services at St. Francis

Time of Services 9 A.M. Sept. 12, '10

Date of Burial Sept 12, 10

Officiating Clergyman Rev. Hagan

Number of Casket or Coffin 512 Solid Oak Size 44 Maker National \$

Lining White Satin Pillow White Satin Handles Clx.

Plate Clx. How Engraved Name

Number of Robe Quindus Color Black

Outside Case Chestnut Plate Engraved

Body Preserved with Esco Washing, Dressing and Shaving

Use 2 Doz. Chairs Draperies Candelabra Best Candles

Removing Remains Crape 3x Purple Gloves 6 Pr. Black

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to

Porters Wailies

Advertised in Wailies

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 10Francis Joseph RobertsTo Date 97Date of Death Sept 29 1910Color White

Age

Years

Months

Days

Full Name

Francis Joseph Roberts

Single

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Walker StNo. 9

Occupation

None

Sex

Male

Birthplace, or if Foreign Born

No. Adams

Father's Name

Joseph Roberts

Birthplace

New Bedford Mass.

Mother's

Rose Bishop

"

No Adams

Chief Cause of Death

Intestinal Toxin

Contributing Cause

Attending Physician

Dr. Brosseau

"

"

Residence

Eagle

Place of Burial

No. Adams

Cemetery Lot or Grave No.

S. V. View

Section No.

Services at

None

Time of Services

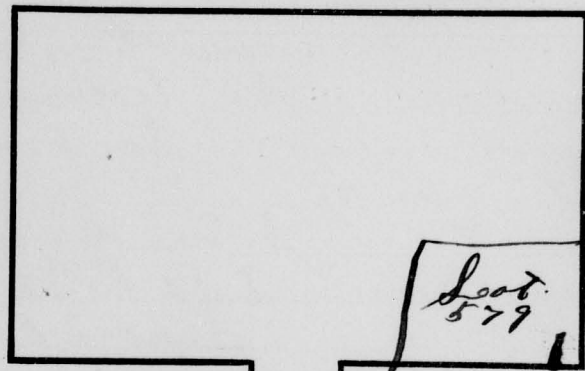
11

Date of Burial

Sept 20

Officiating Clergyman

Mark position of Grave on Lot in Red thus: 
 " " " Monument on Lot thus: 
 " " " other Graves and points of Compass on Lot, when necessary, in Black.



Number of Casket or Coffin

P. K. 29

Size

2 1/2

Maker

Florence

\$

Lining

White

Pillow

None

Handles

Sil

Plate

Our Darling

How Engraved

Stamped

Number of Robellundus

Color

White

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Fluidgid

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

" " " " " "

Porters

Advertised in

Wailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 10George HinkellTo Date 98Date of Death Sept. 20 1910

Color

Age

Years

Months

Days

Full Name

George Hinkell

Single

Married

Widowed

Last Place of Residence

No. Adams Mass.

Street

EagleNo 120

Occupation

Nurs.

Sex

Birthplace, or if Foreign Born

No. Adams

Father's Name

John Hinkell

Birthplace

Cohoes N.Y.

Mother's

Emily N. Hinkell

"

Canada

Chief Cause of Death

Internal Tumor

Contributing Cause

Attending Physician

Mr. Brosseau

"

"

Residence

Eagle

Place of Burial

No. Adams

Cemetery Lot or Grave No.

So. View

"

Section No.

Services at

Notre Dame

Time of Services

2:30 P.M.

Date of Burial

Sept 21

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☐ ☒

" " " Monument on Lot thus: ☐ ☒

" " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

Leamskin

Size

2 1/3

Maker

Bristol

\$

Lining

White

Pillow

Handles

Sil

Plate

Thin Darling

How Engraved

Stamped

Number of Robe

Flannel

Color

White

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Formidol

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

Advertiser

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 10Hennis SullivanTo Date 100

Date of Death

Oct1 1910Color White

Age

Years 73Months —Days —

Full Name

Hennis Sullivan

Single

Married

Widowed

Widowed

Last Place of Residence

No. Adams

Street

No. HoldenNo. 7

Occupation

Calicut Maker

Sex

Male

Birthplace, or if Foreign Born

Ireland

Father's Name

Bartholomew Sullivan

Birthplace

Ireland

Mother's

Bridget Sullivan

Chief Cause of Death

Broncho Pneumonia

Contributing Cause

Attending Physician

Dr. Crafts

"

"

Residence

Main

Place of Burial

Hillside

Cemetery Lot or Grave No.

"

Section No.

Services at

St. Francis

Time of Services

10 AM Oct 3 '10

Date of Burial

Oct 3 '10

Officiating Clergyman

Rev. Murphy

Number of Casket or Coffin

16/16

Size

6/6

Maker

B.B.C. Co.

\$

Lining

White Satin

Pillow

White Satin

Handles

Uld Sil Ext

Plate

Uld Sil

How Engraved

Name

Number of Robe

Color

Outside Case

Black

Plate Engraved

Delivered to

Body Preserved with

Resco

Washing, Dressing and Shaving

Use

2 Doz. Chairs

Draperies

Candelabra

Best

Candles

Removing Remains

Crape

Purple

Gloves

6 P. Black

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

12

Porters

Advertised in

Blair's

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 _____ Regina Luzynski's To Date 103 _____
 Date of Death Oct 12 19 10 Color white Age _____ { Years _____
 Months 1
 Days 19
 Full Name Regina Luzynski { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street R. d. No. 18
 Occupation None Sex female
 Birthplace, or if Foreign Born No. Adams Birthplace Russia
 Father's Name John Luzynski Mother's Anna Tadeuk
 Chief Cause of Death Neglect Contributing Cause _____
 Attending Physician Wm. C. J. Brown M.D.
 " " Residence _____
 Place of Burial No. Adams So. View
 Cemetery Lot or Grave No. Free
 " Section No. _____
 Services at None
 Time of Services _____
 Date of Burial Oct 13, '10
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin Leambskin Size 2 1/2 Maker Bristol \$ _____
 Lining white Pillow None Handles Sil
 Plate None How Engraved _____
 Number of Robe _____ Color _____
 Outside Case _____ Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " _____
 Porters _____
 Advertised in Warrior

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...18.....

To Date.....105

Date of Death.....Oct. 17 1910

Color White Age

{ Years 31
 { Months
 { Days

Full Name.....Marie Russell

Single.....
Married..... *Married*
Widowed.....

Last Place of Residence, Monroe Bridge Mass. Street

Occupation.....*None*

Sex Female

Birthplace, or if Foreign Born. Unknown

Father's Name

Birthplace

Mother's

Chief Cause of Death... Pulmonary Tuberculosis ... Contributing Cause

Attending Physician.....Unknown

“ “ *Residence*

Place of Burial..... So. View Cemetery

Cemetery Lot or Grave No. Grave # 2

Section No. S. E. Lr lot 582

Services at.....*St. Anthony*.....

Time of Services.....1030 AM

Date of Burial..... Oct 18 '0

Officiating Clergyman.....*Rev. Latanza*

Number of Casket or Coffin Craper Size 5 1/2 Maker ✓

Lining.....Pillow.....Handles.....

Plate.....How Engraved.

Number of Robe.....Color.....

Outside Case.....Plate Engraved.....Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to So. View Cemetery, City Hall or R. R. Depot.

Number Coaches to 3 " " " " "

Porters.

Advertised in..... *Lairies*

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 19 10 Record of the Funeral of William J. Kelley Total No.
To Date 106

Date of Death Oct 20 1910 Color White Age 79 { Years
Months
Days

Full Name William J. Kelley { Single Male
Married
Widowed

Last Place of Residence No. Adams Street Tyler No. 16

Occupation None Sex

Birthplace, or if Foreign Born No. Adams

Father's Name Patrick Kelly Birthplace Ireland

Mother's " Mary O'Connell " "

Chief Cause of Death Cholera Infantum Contributing Cause

Attending Physician Dr. M. E. Smith

" " Residence Holders

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No.

Services at None

Time of Services

Date of Burial Oct 21 '10

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒
" " Monument on Lot thus: ☐
" " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin # 12 Size 2/3 Maker Miller & B. \$

Lining White Pillow None Handles Sil

Plate Blue Engraving How Engraved Stamped

Number of Robe Color

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Fluid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape White Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to None Cemetery, City Call or R. R. Depot

Number Coaches to One " " " " "

Porters

Advertised in Watches

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10 Record of the Funeral of John Balzarini Total No. 107
Date of Death Oct 24 1910 Color White Age 59
Years 59
Months
Days

Full Name John Balzarini { Single
Married
Widowed

Last Place of Residence Hoosac Tunnel Street No.

Occupation Labourer Sex Male

Birthplace, or if Foreign Born Italy

Father's Name Dominical Balzarini Birthplace Italy

Mother's Maria

Chief Cause of Death Cancer of face Contributing Cause

Attending Physician Charlton M. D.

Residence So. Vin

Place of Burial So. Vin

Cemetery Lot or Grave No.

Section No.

Services at St. Anthony's

Time of Services 10:15 A.M. Oct 25

Date of Burial Oct 25 10

Officiating Clergyman Rev. La Tanga

Number of Casket or Coffin Flat Top Size 4/8 Maker Bristol

Lining White Pillow None Handles Nickel

Plate Sil How Engraved Name

Number of Robe Thun Suit Color Grey

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. Vin Cemetery, City Call or R. R. Depot

Number Coaches to 4

Porters

Advertised in Hailies

NATIONAL FUNERAL REGISTER

No. for 108 Record of the Funeral of John W. Timoney Total No. 108
 Year 19 10 To Date 108

Date of Death Oct. 24 19 10 Color White Age 54
 { Years 54
 Months 11
 Days 7

Full Name John Timoney { Single Married
 Married Married
 Widowed Married

Last Place of Residence No. Adams Street Williams No 45

Occupation Currier in Blue dip Sex Male

Birthplace, or if Foreign Born England

Father's Name James Timoney Birthplace England

Mother's Katharine M. Barry

Chief Cause of Death Tuberculosis Contributing Cause

Attending Physician Dr. A. Brown

" " Residence Church St.

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No.

Services at St. John's Episcopal

Time of Services

Date of Burial

Officiating Clergyman Rev. Matt.

Number of Casket or Coffin 1 1/2 Size 6 1/2 Maker Bristol \$

Lining White Satin Pillow None Handles Old Copper

Plate Old Copper How Engraved Name

Number of Robe 1 Color Black

Outside Case Chestnut Plate Engraved Delivered to

Body Preserved with E.S.O. Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves Gray

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to Seven " " " " " "

Porters

Advertised in Mailies

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 10 Robert. A. Lewis To Date 110
 Date of Death Oct. 30 1910 Color White Age 66 Years 5 Months 21 Days
 Full Name Robert. A. Lewis { Single _____ Married Married Widowed _____
 Last Place of Residence No. Adams Mass Street N. Main No. 371
 Occupation Signalman on R.R. Sex Male
 Birthplace, or if Foreign Born Rouses Point N. Y. Birthplace Unknown
 Father's Name William Lewis Birthplace Unknown
 Mother's Eliza Herrick Birthplace Unknown
 Chief Cause of Death Apoplexy Contributing Cause Nephritis
 Attending Physician Dr. Sullivan
 " " Residence Main
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So View
 " Section No. _____
 Services at Home
 Time of Services 2 P. M. Nov. 1
 Date of Burial Nov. 1 '10
 Officiating Clergyman Rev. Mott

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: " "
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin 5/9 #62 Size 5/9 Maker Flower \$ _____
 Lining White Pillow White Handles Nickel
 Plate Sil How Engraved Name
 Number of Robe Hum Suit Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Esco Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra None Candles _____
 Removing Remains _____ Crape By Purple Gloves 4 Pr Black
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 4 " " " " " _____
 Porters _____
 Advertised in Dailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1910

Record of the Funeral of
John Barry

Total No.
To Date 112

Date of Death Nov. 7 1910 Color White Age 80
Years 80
Months
Days

Full Name John Barry
Last Place of Residence No. Adams
Occupation Retired
Birthplace, or if Foreign Born Ireland
Father's Name John Barry Birthplace Ireland
Mother's " Hannah Murphy " "
Chief Cause of Death Chronic Cystitis Contributing Cause
Attending Physician Dr. M. E. Guath
" " Residence Holden
Place of Burial No. Adams
Cemetery Lot or Grave No. Hillside
" Section No.
Services at St. Francis
Time of Services Nov. 10 10 9 A M.
Date of Burial Nov. 10
Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒ ⊕
" " Monument on Lot thus: " "
" " other Graves and points of Compass
on Lot, when necessary, in Black.

Number of Casket or Coffin # 62 Size 6/8 Maker Florence \$
Lining White Pillow Handles Nickel
Plate Silver Match How Engraved Name
Number of Robe Color Black
Outside Case Pine Plate Engraved by Hand Delivered to
Body Preserved with Natural Washing, Dressing and Shaving
Use 2 Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Hillside Cemetery, City Call or R. R. Depot
Number Coaches to 5 " " " " "
Porters
Advertised in Herald

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...10.....

Mathew Frederick Hurant

To Date 1/4

Date of Death.....Nov. 11.....1914.

Color White Age 1

Years.....1.....
Months.....3.....
Days.....12.....

Full Name Matthew H. Durant

Single.....*Single*.....
Married.....
Widowed.....

Last Place of Residence.....No. 6 Adams.....

Street W. Main No 400 1/2

Occupation.....*None*

Sex

Birthplace, or if Foreign Born, No. Adams

Father's Name Alexander Murant Birthplace Eagle Bridge N. Y.

Mother's " Lilce Brayn. " W. Rutland Vt.

Chief Cause of Death.....Scarlet Fever.....Contributing Cause.....

Attending Physician..... L. M. M. Brown

“ “ Residence 2744 Main

Place of Burial.....No. Adams

Cemetery Lot or Grave No. Hillside

“ Section No.

Services at.....*Nam.*

Time of Services....."

Date of Burial.....Nov 12.

Officiating Clergyman.

Number of Casket or Coffin.....Lamb skin.....Size 2 1/2

Maker Bristol

Lining White Pillow None

Handles.....

Plate *Wm Darling*.....How Engraved.

Number of Robe 5 Color V

Outside Case.....*Five*.....Plate Engraved.....Delivered to

Body Preserved with Formaldehyde Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to.....Cemetery, City Hall or R. R. Depot

Number Coaches to..... " " " " "

Porters.

Advertised in.....*Wachus*

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 _____ To Date _____

Date of Death Nov 16 19 10 Color White Age 26 Years 26
Months 2
Days 15

Full Name John H. Murray Single _____
Married Married
Widowed _____

Last Place of Residence No. Adams Street Main No. _____
 Occupation Cigar maker Sex Male

Birthplace, or if Foreign Born Bedford P. Q. Can. Birthplace Unknown
 Father's Name James Murray Mother's Mary A. Murray Birthplace Bedford Can.

Chief Cause of Death Spiking Trepan Contributing Cause _____
 Attending Physician Dr. Crofts

Place of Burial No. Adams Cemetery Lot or Grave No. So. View
 Section No. _____

Services at St. Francis No. 10 Time of Services 9 A.M.
 Date of Burial Nov. 18 Officiating Clergyman None

Number of Casket or Coffin 151 Size 6/8 Maker National \$ _____
 Lining White Pillow _____ Handles Copper
 Plate Copper How Engraved _____
 Number of Robe Blue Sint Color Gray
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Saw Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra Bent Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " " "
 Porters _____

Advertised in Leaves

Mark position of Grave on Lot in Red thus: ☐
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10.....

Record of the Funeral of
Serafine Gigliotti.....

Total No.
To Date 121.....

Date of Death Dec. 7 19 10..... Color White Age 5 Years 11 Months 29 Days

Full Name Serafine Gigliotti..... Single Single Married Married Widowed Widowed

Last Place of Residence No. Adams..... Street Regis Lane No. 11 1/2

Occupation None..... Sex Female

Birthplace, or if Foreign Born Italy.....

Father's Name Pasquale Gigliotti Birthplace Italy

Mother's Sophia Mazza Birthplace Italy

Chief Cause of Death Croupous Pneumonia Contributing Cause.....

Attending Physician W. L. Brown

Residence 6 Church

Place of Burial So. View

Cemetery Lot or Grave No. Free

Section No.

Services at None

Time of Services 11

Date of Burial Dec. 8 10

Officiating Clergyman.....

Number of Casket or Coffin # 01 1/2 Size 4 1/3 Maker Florence \$.....

Lining White Pillow..... Handles.....

Plate..... How Engraved.....

Number of Robe..... Color.....

Outside Case Pine Plate Engraved..... Delivered to.....

Body Preserved with Fluid Washing, Dressing and Shaving.....

Use..... Doz. Chairs..... Draperies..... Candelabra..... Candles.....

Removing Remains..... Crape..... Gloves.....

Cemetery Expenses..... Church Expenses..... Linen Scarf.....

Hearse to So. View Cemetery, City Call or R. R. Depot.....

Number Coaches to 6.....

Porters.....

Advertised in Mail.....

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19... 1910 _____ To Date 1910 _____
 Date of Death Dec. 15 1910 Color White Age _____
 { Years 32
 Months _____
 Days _____
 Full Name Thomas Judge { Single Single
 Married _____
 Widowed _____
 Last Place of Residence Morris Mass. Street _____ No. _____
 Occupation Farmer Sex Male
 Birthplace, or if Foreign Born Morris
 Father's Name Patrick Judge Birthplace Ireland
 Mother's " Margaret " " "
 Chief Cause of Death Pneumonia Tuberculosis Contributing Cause _____
 Attending Physician Dr. P. Bowley
 " " Residence Readsboro Vt.
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph's
 " Section No. _____
 Services at St. Francis
 Time of Services 2 P.M. Dec. 18 1910
 Date of Burial Dec. 18 1910
 Officiating Clergyman Rev. Murphy

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: " ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin 151 Size 6/3 Maker National \$ _____
 Lining White Pillow _____ Handles Old Copper
 Plate Old Copper How Engraved Name
 Number of Robes 4 Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Red Magic Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra Best Candles _____
 Removing Remains _____ Crape White Gloves 4 P. Grey
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St. Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to 4 " " " " " _____
 Porters _____
 Advertised in Hailie

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 10.....Mathew Dempsey.....
Date of Death Dec 16 1910..... Color..... Age.....

Total No.
To Date 125
81
Years.....
Months.....
Days.....

Full Name Mathew Dempsey.....
Last Place of Residence Houghton St No. Adams Street..... No.....
Occupation Retired..... Sex Male.....

Birthplace, or if Foreign Born Ireland.....
Father's Name Mathew Dempsey..... Birthplace Ireland.....
Mother's " Ellen Fitzgerald.....

Chief Cause of Death Chronic Hepatitis..... Contributing Cause.....
Attending Physician Dr. Gagan.....

" " Residence Chicago.....
Place of Burial So. View No. Adams.....
Cemetery Lot or Grave No. So. View.....

" " Section No.
Services at St. Francis.....
Time of Services 2.30 P. M. Dec 18 10.....
Date of Burial Dec 18 10.....
Officiating Clergyman Rev. Murphy.....

Number of Casket or Coffin 3110..... Size 6/6..... Maker National \$.....
Lining White..... Pillow..... Handles Silk Sat.....
Plate Sil..... How Engraved.....

Number of Robe..... Color Black.....
Outside Case Schmiedt..... Plate Engraved..... Delivered to.....
Body Preserved with Red Talcum..... Washing, Dressing and Shaving.....

Use..... Doz. Chairs..... Draperies..... Candelabra Best..... Candles.....
Removing Remains..... Crape..... Gloves.....

Cemetery Expenses..... Church Expenses..... Linen Scarf.....
Hearse to So. View..... Cemetery, City Call or R. R. Depot.....
Number Coaches to 10..... " " " " " ".....

Porters.....
Advertised in Waukegan.....

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NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...10.....

To Date.....

Date of Death.....19.....

Color Age

{ Years.....
Months.....
Days.....

Full Name.

{ *Single*.....
 { *Married*.....
 { *Widowed*.....

Last Place of Residence.....*Street*.....*No*.....

Occupation..... Sex.....

Birthplace, or if Foreign Born.....

Father's Name.....Birthplace.....

Mother's " "

Chief Cause of Death.....Contributing Cause.....

Attending Physician.....

“ “ Residence.....

Place of Burial.....

Cemetery Lot or Grave No.

“ Section No.

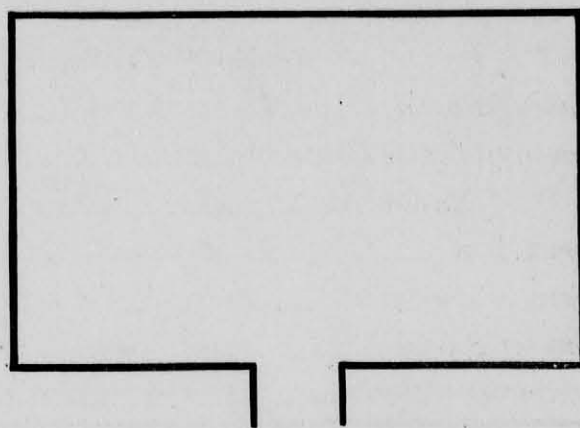
Services at.....

Time of Services.....

Date of Burial.....

Officiating Clergyman.....

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin.....Size.....Maker.....\$|

Lining.....*Pillow*.....*Handles*.....

Plate.....	How Engraved.....	
------------	-------------------	-------

Number of Robe.....Color.....

Outside Case.....Plate Engraved.....Delivered to.....

Body Preserved with.....Washing, Dressing and Shaving.....

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....	Crape.....	Gloves.....		
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....		
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Hearse to.....Cemetery, City Call or R. R. Depot.....

Number Coaches to.....	"	"	"	"	"			
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Porters.....

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Advertised in.....

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Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 1911
Date of Death Jan. 2 1911
Full Name Male infant of Christian Tietgens
Last Place of Residence No. Adams Mass.
Occupation None
Birthplace, or if Foreign Born No. Adams
Father's Name Christian Tietgens
Mother's Caroline L. Knauer
Chief Cause of Death
Attending Physician Dr. Russell
Place of Burial So. View No. Adams
Cemetery Lot or Grave No. ft. of # 5 grave W. 1/2 lot 1608
Section No.
Services at None
Time of Services
Date of Burial
Officiating Clergyman
Number of Casket or Coffin P.K. 29 Size Maker \$
Lining Pillow Handles
Plate How Engraved
Number of Robe Color
Outside Case Plate Engraved Delivered to
Body Preserved with Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to
Porters
Advertised in

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

Year 19.....6.....

To Date 38

Years.....43
Months.....9
Days.....9

Single.....
Married.....*Married*
Widowed.....

Street... 84 Prospect No

Sex *Female*

.....

Birthplace *Island*

for Dermoid Cyst of
contributing Cause.

Contributing Cause

Residence..... Union

Cemetery Lot or Grave No.

“ *Section No.*

Time of Services..... 9 A. M. Jan. 21 / 11

Date of Burial..... Jan.

Officiating Clergyman

Number of Casket or Coffin.....22

Size. *5*.....

Maker.....National

Lining.....White.....Pillow

Pillow

Handles

Plate.....How Engraved.

Number of Robe.....Color *Light Grey & buff*

Outside Case.....*Pine*.....Plate Engraved.....*0*.....Delivered to

Body Preserved with Mullum Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses..... Church Expenses..... Linen Scarf..

Hearse to.....Hillside Tomb.....Cemetery, City Hall or R. R. Depot.

Number Coaches to.....6.....

Porters.

Advertised in.....*Dailies*.....

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 19 11 Record of the Funeral of Thomas Sullivan Total No.
To Date 9

Date of Death Jan. 22 1911 Color Age Years 49
Months
Days

Full Name Thomas Sullivan Single Single
Married
Widowed

Last Place of Residence No. Adams Mass Street No Holden No 71

Occupation Merchant Sex Male

Birthplace, or if Foreign Born No. Adams

Father's Name Wm. Sullivan Birthplace Ireland

Mother's Bridget Slattery

Chief Cause of Death Apoplexy Contributing Cause

Attending Physician Dr. Sullivan

Residence Main

Place of Burial Hillside Cemetery

Cemetery Lot or Grave No. No. Adams

Section No.

Services at St. Francis

Time of Services 9 A. M. Jan. 25

Date of Burial Jan 25 11

Officiating Clergyman Rev. Sullivan

Number of Casket or Coffin 8140 with 242 exterior or Red Cedar Size 6/3 Maker National \$

Lining White Satin Pillow White Satin Handles Uld. Sil

Plate Uld. Sil How Engraved Name

Number of Robe Chen Suit Color Black

Outside Case Slate Vault Plate Engraved Delivered to

Body Preserved with Mullin Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Brat Candles

Removing Remains Crape Roses & Larned Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 11 " " " " "

Porters

Advertised in Wachus

96

NATIONAL FUNERAL REGISTER

No. for
Year 19 11 Record of the Funeral of John J. Mara Total No. 10
To Date 10

Date of Death Jan 25 1911 Color White Age 51 Years 3 Months 7 Days

Full Name John J. Mara Single Married

Last Place of Residence No. Adams Street High No. 37

Occupation Laborer Sex Male

Birthplace, or if Foreign Born England

Father's Name Thomas Mara Birthplace England

Mother's Betsy McGarry

Chief Cause of Death Pneumonia Contributing Cause

Attending Physician Dr. M. E. Grath

" " Residence Holden

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No.

Services at St. Francis

Time of Services 9 A M Jan. 27 11

Date of Burial Jan. 27 11

Officiating Clergyman

Number of Casket or Coffin 171 Size 6/0 Maker National \$

Lining White Satin Pillow White Handles Old Brass

Plate Ant. Brass How Engraved Name

Number of Robe Wool Suit Color

Outside Case Chestnut Plate Engraved Delivered to

Body Preserved with Mulsum Washing, Dressing and Shaving

Use 2 Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to 7 " " " " "

Porters

Advertised in Harlow

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for 45 Record of the Funeral of Mary Fagan Total No. 11
 Year 19 11 To Date 11
 Date of Death Jan 26 19 11 Color White Age 32
 { Years 32
 Months
 Days

Full Name Mary Fagan { Single
 Married Married
 Widowed

Last Place of Residence No. Adams Street Heenan No. 107
 Occupation Housewife Sex Female
 Birthplace, or if Foreign Born Italy Birthplace Italy
 Father's Name John Fagan
 Mother's Marquitta Tomassie
 Chief Cause of Death Ulcer from following operation for a cervical fistula
 Contributing Cause
 Attending Physician Dr. J. E. Sullivan
 " " Residence Main

Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No.
 Services at St. Anthony's
 Time of Services 2 P.M. Jan 29
 Date of Burial Jan 29 1911
 Officiating Clergyman

CEMETERY LOT

Mark position of Grave on Lot in Red thus ☒
 " " Monument on Lot thus ☐
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin # 62 Size 6/8 Maker Thorne \$
 Lining White Pillow Handles Nickel
 Plate Sil How Engraved Name Script by Hand
 Number of Robes 4 Color Black
 Outside Case Pine Plate Engraved Delivered to
 Body Preserved with Natulle Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to So. View Cemetery, City Call or R. R. Depot
 Number Coaches to " " " "
 Porters
 Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

Year 19.....11.....

Record of the Funeral of
Rose Lussier

To Date.....12

Date of Death.....June 27.....1911.....

Color White Age 1

Years... 17

Months

Days

Full Name Olga Rose Lussner

Single.....Singh

Married

Widowed.

Last Place of Residence.....*No. 6 Adams.*

Street Willow-Hill No. 62

Occupation..... *Shummed*

Sex.....Female

Birthplace, or if Foreign Born..... Rosdant N. Y.

Birthplace Canada

Father's Name..... Eugene Dussier

Mother's " E. Merida Rougeau

Chief Cause of Death... Lobar Pneumonia

Attending Physician.....Dr. Brosseau

“ “ Residence: ^{Co} Eagle.

Place of Burial.....No. Adams.

Cemetery Lot or Grave No. So. View

Section No. 1084 P.

Services at.....*Notre Dame*.....

Time of Services.....Law 29 11

Date of Burial.

Officiating Clergyman.

Number of Casket or Coffin.....60 1/2 P48P.....Size.....5 1/2

Lining.....White Satin Pillow.

Plate Sil How Engraved Name

Number of Robe Lion dress Color S. a. r. d. e. d. .

Outside Case.....Pine.....Plate Engraved.....Delivered to

Body Preserved with.....~~Water~~.....Mulleum.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.

Removing Remains.....Crape.....Gloves

Cemetery Expenses..... Church Expenses..... Linen Scarf.

Hearse to Yonkers Cemetery, City Hall or R. R. Depot.

Number Coaches to..... " " " " "

Porters.

Advertised in.

Cr.

[illegible]

92

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1911

Michael Black

To Date 14

Date of Death Jan 27 1911

Color White

Age

Years 39
Months
Days

Full Name

Michael Black

Single

Single

Married

Widowed

Last Place of Residence

Howland House Adams

Street

No.

Occupation

Cook

Sex

Male

Birthplace, or if Foreign Born

No Adams

Father's Name

Christopher Black

Birthplace

Ireland

Mother's

Unknown

Chief Cause of Death

Solar Pneumonia

Contributing Cause

Acute Mania

Attending Physician

Dr. W. F. M. Gath

Residence

Holden

Place of Burial

Hillside

Cemetery Lot or Grave No.

Section No.

St Francis

Services at

St Francis

Time of Services

9 A. M. Jan 31 11

Date of Burial

Jan 31 11

Officiating Clergyman

Rev. Murphy

Number of Casket or Coffin

62

Size

5/9

Maker

Florence

Lining

White

Pillow

White

Handles

Nickel

Plate

Sil

How Engraved

Number of Robe

Color

Black

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Natural

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside Tomb

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

Daily

Dr.

Cr.

91

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 11Mary KwanTo Date 15Date of Death Feb. 1 1911Color White Age 63Full Name Mary KwanSingle MarriedLast Place of Residence No. AdamsStreet Lincoln No. 60Occupation HousewifeSex FemaleBirthplace, or if Foreign Born IrelandFather's Name UnknownBirthplace IrelandMother's "Chief Cause of Death Scarlat PneumoniaContributing Cause "Attending Physician Dr. M. G. GaultResidence HoldenPlace of Burial No. AdamsCemetery Lot or Grave No. St. Joseph C. 1/2 lot # 205 page 1Section No. EasternServices at St. FrancisTime of Services Feb. 3 9 A. M.Date of Burial Feb. 3Officiating Clergyman "

☐ Mark position of Grave on Lot in Red thus:
☐ " Monument on Lot thus:
☐ " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 62Size 60Maker Florence \$Lining WhitePillow WhiteHandles NickelPlate How Engraved by Hand ScriptNumber of Robe Over dressColor BlackOutside Case PinePlate Engraved "Delivered to "Body Preserved with Mullum Washing, Dressing and Shaving "Use 2 Doz. ChairsDraperies "Candelabra "Candles "Removing Remains "Crape "Gloves "Cemetery Expenses "Church Expenses "Linen Scarf "Hearse to TombCemetery, City Call or R. R. Depot "Number Coaches to "" " " " " " "Porters "Advertised in Dailies

Dr.

Cr.

86

NATIONAL FUNERAL REGISTER

No. for
Year 19 11

Record of the Funeral of
John Brown

Total No.
To Date 21

Date of Death Feb. 12 19 11 Color White Age 77
 { Years 77
 Months
 Days

Full Name John Brown { Single
 Married Married
 Widowed

Last Place of Residence No. Adams Street No.
 Occupation Tailor Sex Male

Birthplace, or if Foreign Born Ireland

Father's Name William Brown Birthplace
 Mother's Unknown

Chief Cause of Death Bronchial Gethma Contributing Cause
 Attending Physician Dr. M. G. Smith

Residence Holden

Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph's
 Section No. St. Francis

Services at St. Francis
 Time of Services 9 A.M. Feb. 14 '11
 Date of Burial Feb. 14
 Officiating Clergyman Rv. Murphy

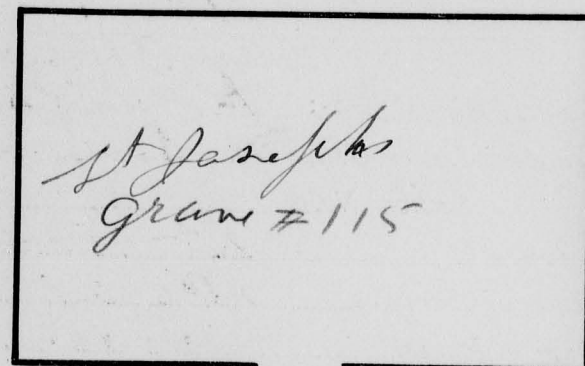
Number of Casket or Coffin 3/10 Size 5/9 Maker National \$
 Lining White Pillow - Handles Up & Satin

Plate Up How Engraved Name

Number of Robe One Color Black

Outside Case Pine Plate Engraved Delivered to
 Body Preserved with Natural Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to St. Joseph's Cemetery, City Call or R. R. Depot
 Number Coaches to 4
 Porters
 Advertised in Mail

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ Funeral of Mathew Naughton To Date 24 _____

Date of Death Feb. 15 1911 Color White Age _____
 { Years _____
 Months _____
 Days _____

Full Name Funeral of Mathew Naughton { Single _____
 Married _____
 Widowed _____

Last Place of Residence No. Adams Sweet W. Main No. _____

Occupation None _____

Birthplace, or if Foreign Born No. Adams _____

Father's Name Mathew Naughton Birthplace Ireland

Mother's " Mary Graham " " _____

Chief Cause of Death Still-born Contributing Cause _____

Attending Physician Dr. Crofts _____

" " Residence W. Main _____

Place of Burial No. Adams _____

Cemetery Lot or Grave No. Hillside _____

" Section No. _____

Services at _____

Time of Services _____

Date of Burial Feb. 16/11 _____

Officiating Clergyman _____

Number of Casket or Coffin Pk. 2 Size 2 1/2 Maker Miller & B. \$ _____

Lining White Pillow _____ Handles _____

Plate None How Engraved _____

Number of Robe None Color White _____

Outside Case None Plate Engraved _____ Delivered to _____

Body Preserved with _____ Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

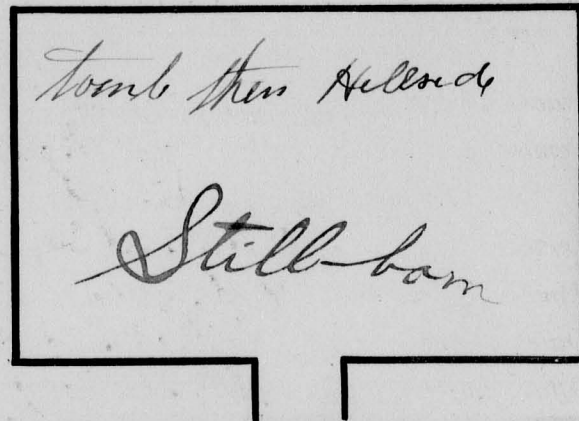
Hearse to _____ Cemetery, City Call or R. R. Depot _____

Number Coaches to _____ " " " " " " _____

Porters _____

Advertised in _____

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

82

No. for 11 Year 19 11 Record of the Funeral of Mary Quinn Total No. 25

Date of Death Feb. 21 19 11 Color White Age 45 Years 11 Months 11 Days

Full Name Mary Quinn Single Single Married Married Widowed Widowed

Last Place of Residence No. Adams Street Bagh No. 75

Occupation Cook Sex Female

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Quinn Mother's Bridget O'Shaughlin

Chief Cause of Death Lab. Pneumonia Contributing Cause Appendicitis

Attending Physician Dr. Sullivan

Place of Burial St. Joseph's Cemetery Lot or Grave No. No. Adams

Section No. Single Services at St. Francis

Time of Services 9 A. M. Feb. 23 11 Date of Burial Feb. 23

Officiating Clergyman Rev. Murphy

Number of Casket or Coffin 3/16 R 20 Size 5/6 Maker Natural \$ 10

Lining White Pillow None Handles Set

Plate Sil How Engraved Name

Number of Robe 1 Color Black

Outside Case Pine Plate Engraved None Delivered to None

Body Preserved with Natural Washing, Dressing and Shaving None

Use Doz. Chairs Draperies None Candelabra None Candles None

Removing Remains None Crape None Gloves None

Cemetery Expenses None Church Expenses None Linen Scarf None

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot None

Number Coaches to 4 Porters None

Advertised in Mail

CEMETERY LOT

Dr.

Cr.

No. for
Year 1911

Record of the Funeral of
Patrick J. Sullivan

Total No.
To Date 27

Date of Death Feb. 24 1911 Color White Age { Years 40
Months 11
Days 13

Full Name Patrick J. Sullivan { Single Single
Married
Widowed

Last Place of Residence 213 Ashland St. No. Adams Street No.
Occupation Hotel Clerk Sex Male
Birthplace, or if Foreign Born No. Adams
Father's Name Timothy Sullivan Birthplace Ireland
Mother's Mary Murley
Chief Cause of Death Pest. Typhoid
Attending Physician Mr. E. F. Sullivan
Residence Main
Place of Burial No. Adams
Cemetery Lot or Grave No. Hillside
Section No.
Services at St. Francis
Time of Services Feb. 27 10 A.M.
Date of Burial Feb. 27
Officiating Clergyman Rev. Sullivan

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black

CEMETERY LOT

Number of Casket or Coffin 171 Size 6/0 Maker National
Lining White satin Pillow White Handles Old Copper Est.
Plate Old Copper How Engraved Name
Number of Robe Given Suit Color Black
Outside Case Pine Plate Engraved
Body Preserved with Mummy Washing, Dressing and Shaving
Use 2 Doz. Chairs Draperies Candelabra Best Candles
Removing Remains Crape BX White Gloves Grey
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Hillside Cemetery, City Call or R. R. Depot
Number Coaches to 7
Porters
Advertised in Daily's

Dr.

Cr.

No. for
Year 1911
Date of Death Feb. 25 1911
Full Name Male inf. of Daniel Cochran
Last Place of Residence No Adams
Occupation None
Birthplace, or if Foreign Born No Adams
Father's Name Daniel Cochran
Mother's " Flora Brown
Chief Cause of Death Stillborn
Attending Physician Dr. Brassau
" " Residence Eagle
Place of Burial No Adams
Cemetery Lot or Grave No. So View
" Section No.
Services at None
Time of Services "
Date of Burial
Officiating Clergyman

Record of the Funeral of
Color White Age
Sex Male
Birthplace Hymers led
Cheshire Mass
Contributing Cause

Total No.
To Date 29
Years
Months
Days
Single Single
Married
Widowed
Street Holden No 16

Position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
" " when necessary, in Black

Stillborn

CEMETERY LOT

Number of Casket or Coffin	<i>P.K. 29</i>	Size	<i>4</i>	Maker	<i>Bristol</i>	\$		
Lining	<i>White</i>	Pillow		Handles				
Plate		How Engraved						
Number of Robe		Color						
Outside Case		Plate Engraved		Delivered to				
Body Preserved with		Washing, Dressing and Shaving						
Use	<i>Doz. Chairs</i>	Draperies		Candelabra		Candles		
Removing Remains		Crape		Gloves				
Cemetery Expenses		Church Expenses		Linen Scarf				
Hearse to		Cemetery, City Call or R. R. Depot						
Number Coaches to		" " " " "						
Porters								

Advertised in.....	
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Dr.

Cr.

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77

NATIONAL FUNERAL REGISTER

No. for
Year 19 11

Record of the Funeral of
Joseph M^e Vine

Total No.
To Date 90

Date of Death Feb. 26 1911 Color White Age 53
 { Years... 53
 Months... 11
 Days... 16

Full Name Joseph M^e Vine { Single...
 Married...
 Widowed...

Last Place of Residence No. Adams Street Bradford No. 41

Occupation Plumber Sex Male

Birthplace, or if Foreign Born Burlington Vt.

Father's Name Nelson M^e Vine Birthplace Can.

Mother's " Angeline Greenwood " " "

Chief Cause of Death Suicide by Inhaling Illuminating Gas Contributing Cause " "

Attending Physician W. A. J. Brown M.D.

" " Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View #1 Grave

" Section No. East Half Lot 244

Services at St. Francis

Time of Services 9:15 A.M. Mar 1, 11

Date of Burial Mar 1, 11

Officiating Clergyman Rev. Walsh

Number of Casket or Coffin 860 H.C. Size 6/6 Maker Bristol \$

Lining White Pillow White Handles Old Sil

Plate Old Sil How Engraved Name

Number of Robe 1 Color Black

Outside Case Chestnut Plate Engraved Delivered to

Body Preserved with Pyramine Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

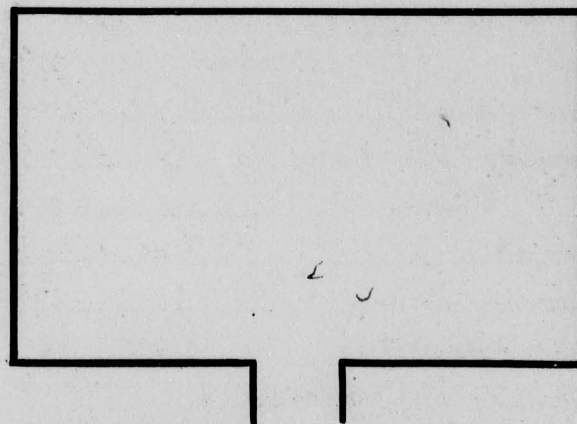
Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to 5 " " " " "

Porters

Advertised in Wailis

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Dr.

Cr.

76 NATIONAL FUNERAL REGISTER

No. for
Year 19...41.....

Record of the Funeral of
Oswaldo Sartori

Total No.
To Date...31.....

Date of Death...Mar 12...19...11... Color...White Age... { Years...
Months...11
Days...8

Full Name...Oswaldo Sartori { Single...Single
Married...
Widowed...

Last Place of Residence...No Adams Street...State No...193

Occupation...None Sex...Male

Birthplace, or if Foreign Born...No Adams

Father's Name...Cesar Sartori Birthplace...Austria

Mother's " ...Mary Mora " " " " " "

Chief Cause of Death...Gastro Intestine Contributing Cause...

Attending Physician...Dr. M. G. Gath

" " Residence...Golden

Place of Burial...St. Joseph's

Cemetery Lot or Grave No.

" Section No.

Services at...St. Anthony's

Time of Services...2 P.M. Mar 13

Date of Burial...Mar 13 11

Officiating Clergyman...

⊕

Mark position of Grave on Lot in Red thus:
" " " " Monument on Lot thus:
" " " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin...# 5 Size...2 1/6 Maker...F. Loune \$

Lining...White Pillow... Handles...

Plate... How Engraved...

Number of Robe... Color...

Outside Case... Plate Engraved... Delivered to...

Body Preserved with...Fluid Washing, Dressing and Shaving...

Use...Doz. Chairs Draperies... Candelabra... Candles...

Removing Remains... Crape... Gloves...

Cemetery Expenses... Church Expenses... Linen Scarf...

Hearse to... Cemetery, City Call or R. R. Depot...

Number Coaches to...3 " " " " " "

Porters...

Advertised in...Wailies

Dr.

Cr.

No. for
Year 1911
Date of Death May 17 1911
Full Name Female Infant of Adams Marion
Last Place of Residence No. Adams
Occupation None
Birthplace, or if Foreign Born No. Adams
Father's Name Adams Marion
Mother's Catharine Harrington
Chief Cause of Death Stillborn
Attending Physician Dr. M. G. Gath
Residence Holden
Place of Burial No. Adams
Cemetery Lot or Grave No.
Section No.
Services at
Time of Services
Date of Burial May 18 Tomb
Officiating Clergyman

Record of the Funeral of
Total No.
To Date 33
Color White Age
Single Single
Married
Widowed
Street Vazir No. 76
Sex Female
Birthplace Troy N. Y.
Boston Mass.
Contributing Cause
Position of Grave on Lot in Red thus:
Monument on Lot thus:
other Graves and points of Compass
not, when necessary, in Black

CEMETERY LOT

Stillborn

Number of Casket or Coffin	<i>P. A. Reg.</i>	Size	<i>1/2</i>	Maker	<i>Bristol</i>	\$	
Lining	<i>White</i>	Pillow		Handles			
Plate		How Engraved					
Number of Robe		Color					
Outside Case		Plate Engraved		Delivered to			
Body Preserved with		Washing, Dressing and Shaving					
Use	Doz. Chairs	Draperies		Candelabra		Candles	
Removing Remains		Crape		Gloves			
Cemetery Expenses		Church Expenses		Linen Scarf			
Hearse to		Cemetery, City Call or R. R. Depot					
Number Coaches to		" " " " "					
Porters							

Advertised in.....	
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Cr.

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NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Year 19...11.....

To Date 34

Date of Death..... Nov. 27 1911

Color White Age 1

{ Years.....94
 { Months.....4
 { Days.....16

Full Name Elizabeth Saltz

{ Single.....
 { Married.....
 { Widowed *Widowed*.....

Last Place of Residence.....Florida.....

Street A No 1

Occupation.....Religious

Sex Female

Birthplace, or if Foreign Born.....France

Father's Name James Perrette

Birthplace.....France.....

Mother's " Susan L. Hupreah

Chief Cause of Death.....Pneumonia

Contributing Cause

Attending Physician.....*Dr. Bradley*

Residence Hoosac Tunnel

Place of Burial.....Hantsbury Co.

Cemetery Lot or Grave No.

“ Section No.

Services at.....Hamburg.

Time of Services.

Date of Burial..... May 31 "

Officiating Clergyman

Number of Casket or Coffin *Shah B.C.* Size *6 1/2* Maker *Flood Co.*

Lining white Pillow — Handles Nickel

Plate Sil How Engraved Name

Number of Robe Even dress..... Color Black

Outside Case Pine.....Plate Engraved.....Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to.....Cemetery, City Call or R. R. Depot

Number Coaches to..... “ “ “ “ “

Porters.

Advertised in.....*Dailies*.....

Dr.

Cr.

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NATIONAL FUNERAL REGISTER

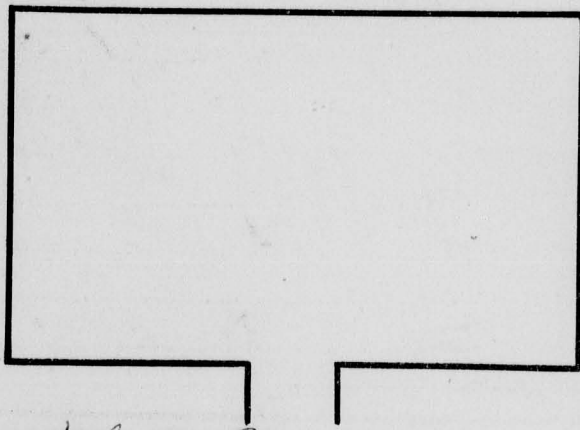
No. for

Record of the Funeral of

Total No.

Year 19 11Mary BoschettiTo Date 95Date of Death Mar 31 1911Color White Age
 Years 55
 Months
 Days
Full Name Mary Boschetti
 Single
 Married
 Widowed Widowed
Last Place of Residence No AdamsStreet Ryan's Lane No. 11Occupation HousewifeSex FemaleBirthplace, or if Foreign Born ItalyFather's Name Victor H. BoschettiBirthplace ItalyMother's " UnknownChief Cause of Death Acute Bright Disease Contributing CauseAttending Physician Dr. A. J. Brown" " Residence MainPlace of Burial No AdamsCemetery Lot or Grave No. So View

" Section No.

Services at St Anthony'sTime of Services 2 P M April 2 11Date of Burial April 2 11Officiating Clergyman Rev. Latanzza
 Mark position of Grave on Lot in Red thus ☒
 " " Monument on Lot thus ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.
Number of Casket or Coffin Chap. B. C. Size 6/0Maker Flood Co. \$Lining White PillowHandles KnivesPlate Sil How Engraved NameNumber of Robe Chun dress Color BlackOutside Case Pine Plate Engraved Delivered toBody Preserved with Mulleum Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So View Cemetery, City Call or R. R. DepotNumber Coaches to 10 " " " " "

Porters

Advertised in Clarke's

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for 11 Record of the Funeral of Male Infant of Joseph Chenile Total No. 36
 Year 19 11 To Date 36

Date of Death April 4 1911 Color White Age Single } Years
 Months
 Days

Full Name Male Infant of Joseph Chenile } Single Single
 Married
 Widowed

Last Place of Residence No. Adams Hospital Street No.

Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams Hospital

Father's Name Joseph Chenile Birthplace Canada

Mother's Hollis West Champlain N.Y.

Chief Cause of Death Stillborn Contributing Cause

Attending Physician Dr. Horroster

" " Residence Union

Place of Burial No. Adams

Cemetery Lot or Grave No. So View

" Section No.

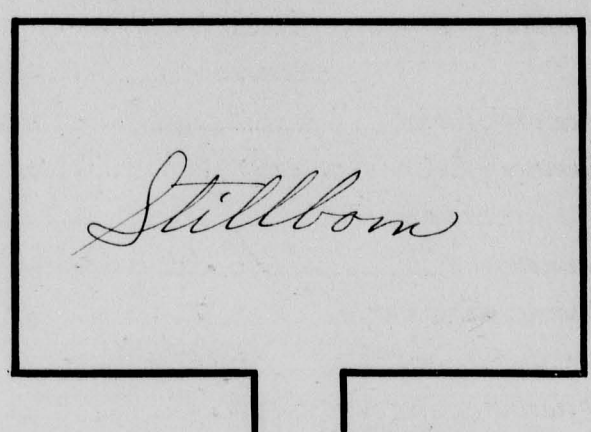
Services at None

Time of Services 4

Date of Burial Apr 5 '11

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Number of Casket or Coffin P.K. 29 Size Maker \$

Lining Pillow Handles

Plate How Engraved

Number of Robe Color

Outside Case Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to " " " " " "

Porters

Advertised in

NATIONAL FUNERAL REGISTER

No. for

Year 19 11

Record of the Funeral of

Total No.

To Date 37Date of Death April 6 1911Color White

Age

Years 5Months 10Days 13Full Name Wallace TimonySingle Single

Married

Widowed

Last Place of Residence No. Adams MassStreet School

No

Occupation NoneSex MaleBirthplace, or if Foreign Born No. AdamsFather's Name James TimonyBirthplace EnglandMother's Name Marrie HristopBirthplace Salem MassChief Cause of Death Membranous Oup

Contributing Cause

Attending Physician Dr. RussellResidence RiverPlace of Burial No. AdamsCemetery Lot or Grave No. So. View

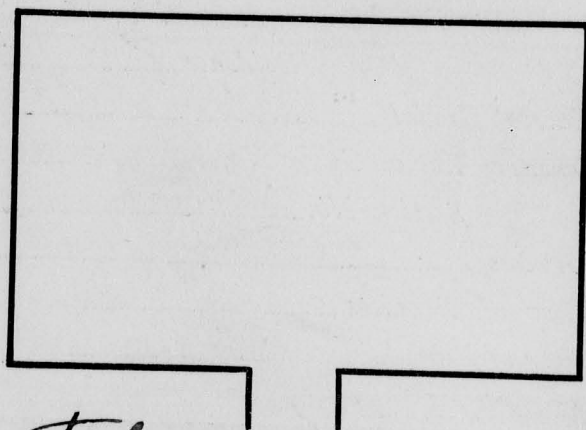
Section No.

Services at None

Time of Services

Date of Burial April 7 11Officiating Clergyman Rev.

☐ Mark position of Grave on Lot in Red thus:
☐ " " Monument on Lot thus:
☐ " " other Graves and points of Compass
on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin # 5 Size 4/6Lining White Pillow WhiteMaker Florence

\$

Plate Our Darling How Engraved StampedHandles Sil

Number of Robe Color

Outside Case Pine Plate Engraved

Delivered to

Body Preserved with Mullam Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. DepotNumber Coaches to 2

Porters

Advertised in Wach

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ Male child of Mrs Emma Hansen To Date 35 _____

Date of Death Apr. 11 1911 Color White Age } Years
 } Months

Full Name Male info of Mrs Emma Hansen { Single Single
Married
Widow

Last Place of Residence, *No. Adams.* Street, *Ashland.* No. *93*

Occupation.....None.....Sex male.....

Birthplace, or if Foreign Born, No. Adams

Father's Name Eller Hanson Birthplace Laurens, S. C.
Mother's " Emma Pleasant " Kent, Conn.

Chief Cause of Death Still born Contributing Cause

Attending Physician..... Dr. G. L. Burran

Residence Eagle
to Kings

Place of Burial.....
Cemetery Lot or Grave No. So View

Section No. Three

Services at.....None.....

Time of Services.....
Date of Burial *Apr 12*

Date of Burial.....*Sept. 2, 1902*.....
 Officiating Clergyman.....*None*.....

Number of Casket or Coffin P.K. 29 Size Maker \$

Lining.....Pillow.....Handles.....

<i>Plate</i>	<i>How Engraved</i>		
51			

Number of Robe.....		Color.....			
Outside Case.....		Plate Engraved.....		Delivered to.....	

Inside Case.....	Date Entered.....	Entered by.....
Body Preserved with.....	Washing, Dressing and Shaving.....	

Use.....	Doz.	Chairs.....	Draperies.....	Candelabra.....	Candles.....	
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<i>Removing Remains.....</i>	<i>Crape.....</i>	<i>Gloves.....</i>	
<i>Church Entrance.....</i>	<i>Linon Scarf.....</i>		

Cemetery Expenses.....	Church Expenses.....	Linen Stuffs.....		
Hearse to	Cemetery, City Call or R. R. Depot.....			

Number Coaches to..... " " " " "

Porters.....		
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Advertised in		
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Dr.	
	Cr.

DR.						CR.					

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....

Date of Death.....

1911

Color.....

Age.....

Years.....

Months.....

Days.....

Full Name.....

Single.....

Married.....

Widowed.....

Last Place of Residence.....

Street.....

No.....

Occupation.....

Sex.....

Birthplace, or if Foreign Born.....

Father's Name.....

Birthplace.....

Mother's ".....

".....

Chief Cause of Death.....

Contributing Cause.....

Attending Physician.....

".....

".....

Residence.....

Place of Burial.....

Cemetery Lot or Grave No.....

".....

Section No.....

Services at.....

Time of Services.....

Date of Burial.....

Officiating Clergyman.....

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin.....

Size.....

Maker.....

Lining.....

Pillow.....

Handles.....

Plate.....

How Engraved.....

Hand.....

Script.....

Number of Robe.....

Color.....

Outside Case.....

Plate Engraved.....

Delivered to.....

Body Preserved with.....

Washing, Dressing and Shaving.....

Use.....

Doz. Chairs.....

Draperies.....

Candelabra.....

Candles.....

Removing Remains.....

Crape.....

Gloves.....

Cemetery Expenses.....

Church Expenses.....

Linen Scarf.....

Hearse to.....

Cemetery, City Call or R. R. Depot.....

Number Coaches to.....

Porters.....

Advertised in.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

67

No. for _____ Record of the Funeral of _____ Total No. _____

Year 19... _____ To Date... 4.1.

Date of Death April 16 1911 Color White Age _____

Full Name Nelson J. Leaneau { Single _____
Married _____
Widowed _____

Last Place of Residence 1010 Miner Street Street _____ No. _____

Occupation Stone Mason Sex Male

Birthplace, or if Foreign Born Canada

Father's Name Nelson Birthplace Canada

Mother's " Julian Demers " Canada

Chief Cause of Death _____ Contributing Cause _____

Attending Physician _____

" " Residence _____

Place of Burial South View

Cemetery Lot or Grave No. 1

" Section No. _____

Services at St. Kate's Church

Time of Services 9 A.M. Apr 18 - 11

Date of Burial " " "

Officiating Clergyman _____

Number of Casket or Coffin like 3110 Size 5/9 Maker B.B.L. \$ _____

Lining White Pillow White Handles Clx

Plate Clx How Engraved Name

Number of Robe _____ Color _____

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Mummification Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

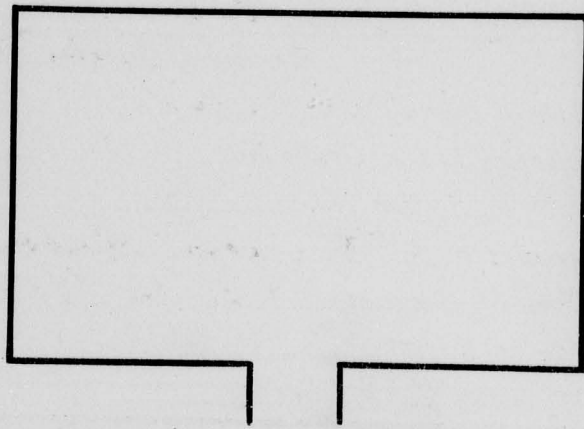
Hearse to So. View Cemetery, City Call or R. R. Depot _____

Number Coaches to 6 " " " " " " _____

Porters _____

Advertised in Herald

Mark position of Grave on Lot in Red thus: ☒ ⊕
" " " Monument on Lot thus: ☐ ⊕
" " " other Graves and points of Compass
on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Year 19.....4.....

To Date.....42.....

Date of Death..... April 14 1911.....

Color White Age 1 } Years 7
Months 6
Days 1

Full Name Albert Cardinal

{ Single.....
 { Married.....
 { Widowed.....

Last Place of Residence, Hall's ground Clarksburg Street.....No.....

Occupation.....Nurse.....Sex.....

Birthplace, or if Foreign Born..... Clarksburg

Father's Name Edward Cardinal Birthplace No. Adams

Mother's " Went " Albany, Vt.

Chief Cause of Death.....Typhoid Fever.....Contributing Cause.....

Attending Physician.....*Ph. M. G. Gath*.....

“ “ Residence..... *Holden*.....

Place of Burial.....

Cemetery Lot or Grave No.....

Section No.

Services at.....Home Name.....

Time of Services.....

Date of Burial.....

Officiating Clergyman.....

Number of Casket or Coffin.....# 01½.....Size 9/.....Maker.....\$.....

Lining white Pillow white Handles sl

Plate <i>Van Hooking</i>	How Engraved.....		
--------------------------------	-------------------	--	--

Number of Robe..... Color.....

Outside Case.....*me*.....Plate Engraved.....Delivered to.....

Body Preserved with.....Washing, Dressing and Shaving.....

Use.....	Doz.	Chairs.....	Draperies.....	Candelabra.....	Candles.....		
----------	------	-------------	----------------	-----------------	--------------	-------	-------

<i>Removing Remains.....</i>	<i>Crape.....</i>	<i>Gloves.....</i>		
------------------------------	-------------------	--------------------	--	--

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
------------------------	----------------------	------------------	-------

Hearse to.....Cemetery, City Call or R. R. Depot.....

Number Coaches to.....2..... " " " " "

Porters.....		
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Advertised in Dailies

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Record of the Funeral of
Michael Conniff

To Date 43

Date of Death Apr. 19 1911

Color.....White.....Age.....

{ Years.....
 { Months.....
 { Days.....

Full Name..... Michael Corniff.....

{ Single.....
 { Married.....
 { Widowed.....

Last Place of Residence *No Adams*

Street *Marcella* No. *46*

Occupation Employee of Engraving room

Sex Male

Birthplace, or if Foreign Born.....Ireland

Father's Name.....Thomas Connell

Birthplace Ireland

Mother's “

Chief Cause of Death... *Chronic Nephritis*

Contributing Cause

Attending Physician..... Dr. W. M. Brown

“ “ Residence.....Main

Place of Burial..... *No Adams*

Cemetery Lot or Grave No. So View

“ *Section No.*

Services at.....*St Francis*

Time of Services..... 9 A M July 22

Date of Burial..... July 2 9

Officiating Clergyman

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

JEWELLERY LOT

Number of Casket or Coffin 4015 Sil Gray Rb. Size 61

Maker *B B Co.* \$

Lining white Pillow white

Handles... Old Sil Est

Plate A. Lil. How Engraved Name

Number of Robe Chen Suit Color Black

Outside Case 6 Chestnut Plate Engraved..... Delivered to

Body Preserved with.....Mullein.....Washing, Dressing and Shaving:

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves.....

Cemetery Expenses.....Church Expenses.....Linen Scarf.....

Hearse to So. View Cemetery, City Hall or R. R. Depot

Number Coaches to..... " " " " "

Porters.

Advertised in *Harper's*

Dr.

Cr.

NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Phorbe. Penz.

To Date...46.....

.19.

Color White Age 29 } Years 29
Months 2
Days 29

{ Single.....
 Married..... *Married*
 Widowed.....

Street W. Main.....No. 1599

Sex Female

Birthplace Can,

“ “

uting Cause

Contributing Cause.....

Residence.....Blackington, Mass.....

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

CEMETERY LOT

Time of Services..... 9 AM Apr. 26 //

Date of Burial..... Apr. 26.

Officiating Clergyman

Number of Casket or Coffin.....121020.....Size.....6 1/2.....Maker.....Marsellus

Lining White lap silk Pillow White lap silk Handles Ebony & Sil

Plate Elong & Sil How Engraved Natural

Number of Robe.....Color...*Black silk*

Outside Case Chestnut Plate Engraved.....Delivered to

Body Preserved with Cairo Washing, Dressing and Shaving

Use.....2 Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to So. View Cemetery, City Call or R. R. Depot.

Number Coaches to.....5..... " " " " "

Porters.

Advertised in.....*Harlow*

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Summer

To Date... 48

Color White

Age

{ Years.....
 { Months.....
 { Days.....

Full Name

Stummer

{ *Single*.....
 { *Married*.....
 { *Widowed*.....

Last Place of Residence.....*No. Adams*.....

Street Gallup No 42

Occupation.....None

Sex

Birthplace, or if Foreign Born..... No. Adams

Father's Name.....Frank Stummer

Birthplace.....Germany

Mother's " Mary Morris

Chief Cause of Death.....Contributing Cause

Attending Physician.....*Dr. Forrester*.....

“ “ Residence..... Union

Place of Burial..... No. Adams

Cemetery Lot or Grave No. So View

“ *Section No.*

Services at.....*None*

Time of Services.....“”

Date of Burial..... Apr. 22 11

Officiating Clergyman

Number of Casket or Coffin P.K. coffin Size 2 1/2

Maker *H. L. L. L. L. L.*

Lining *White* Pillow.

Handles

Plate *Curlew* How Engraved.

Number of Robe.....Color.

Outside Case.....*Pine*.....Plate Engraved.....Delivered to.....

Body Preserved with.....Arigid.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to.....Cemetery, City Call or R. R. Depot.

Number Coaches to..... " " " " "

Porters.

Advertised in.....*Railways*.....

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 Patrick Judge To Date 4/9
 Date of Death May 1 19 11 Color White Age 72 { Years 72
 { Months _____
 { Days _____
 Full Name Patrick Judge { Single _____
 { Married Married
 { Widowed _____
 Last Place of Residence Monroe Mass. Street _____ No. _____
 Occupation Farmer Sex Male
 Birthplace, or if Foreign Born Ireland
 Father's Name _____ Birthplace _____
 Mother's " _____
 Chief Cause of Death Caner of Liver Contributing Cause _____
 Attending Physician Dr. Crowley
 " " Residence Readsboro
 Place of Burial No Adams
 Cemetery Lot or Grave No. St Joseph's
 " Section No. _____
 Services at St Francis
 Time of Services 9 A M May 3 11
 Date of Burial May 3 11
 Officiating Clergyman I J

Mark position of Grave on Lot in Red thus: ☐ ☒ ☐
 " " Monument on Lot thus: ☐ ☒ ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin 151 Size 6/6 Maker National \$ _____
 Lining White Pillow White Handles Vent. Bronze
 Plate Vent. Bronze How Engraved Name
 Number of Robe Black Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Mullein Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____
 Porters _____
 Advertised in Mail

CEMETERY LOT

Dr.

Cr.

No. for
Year 1914

Record of the Funeral of
Albert Ryan

Total No.
To Date 53

Date of Death May 5 1914 Color White Age 20
Single
Married
Widowed

Full Name Albert Ryan
Last Place of Residence No. Adams Street No.
Occupation Shoemaker Sex Male
Birthplace, or if Foreign Born England
Father's Name Patrick Ryan Birthplace England
Mother's Name Jane McPherson
Chief Cause of Death Pneumonia Contributing Cause
Attending Physician Dr. W. E. Grath
Residence Holden
Place of Burial No. Adams
Cemetery Lot or Grave No. St. Joseph's
Section No. South 199
Services at St. Francis
Time of Services 8. A. M. May 8
Date of Burial May 8
Officiating Clergyman Rev. Sullivan

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

Number of Casket or Coffin 3115 R 20 Size 57/2 Maker National \$
Lining White Pillow Handles Sil
Plate A Sil How Engraved Name
Number of Robe Black Color
Outside Case Lin Plate Engraved Delivered to
Body Preserved with Esco-Ra 60 Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to St. Joseph's Cemetery, City Call or R. R. Depot
Number Coaches to 6
Porters
Advertised in Herald

[illegible]

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1911

Margaret Heslin

To Date 5/7

Date of Death May 7 1911

Color White Age

Years 71

Months

Days

Full Name Margaret Heslin

Single

Married

Widowed

Last Place of Residence Northampton Insane Hospital Street No

Occupation Nurse Sex

Birthplace, or if Foreign Born Ireland

Father's Name Birthplace

Mother's " " " "

Chief Cause of Death Cerebral Hemorrhage Contributing Cause

Attending Physician No. Hampton Md

" " Residence

Place of Burial No. Adams

Cemetery Lot or Grave No. So View

" Section No.

Services at St Francis

Time of Services 9 A M May 10 11

Date of Burial

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 2178 Sil Grey Size 57/2 Maker Florence

Lining White Silk Pillow White Silk Handles Uld Sil

Plate Uld Sil How Engraved Name

Number of Robe Color Black Silk

Outside Case Chestnut Plate Engraved Delivered to

Body Preserved with Red Magic Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So View Cemetery, City Call or R. R. Depot

Number Coaches to 6 " " " " " "

Porters

Advertised in Herald

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ To Date 53 _____

Date of Death May 8 No. Adams 19 11 Color White Age _____
 { Years _____
 Months _____
 Days _____

Full Name Male Inft of John Murphy { Single Single
 Married _____
 Widowed _____

Last Place of Residence No. Adams Hospital Street _____ No. _____

Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams Hospital

Father's Name John Murphy Birthplace No. Adams

Mother's " _____ " _____

Chief Cause of Death Still born Contributing Cause Premature

Attending Physician Dr. F. J. Foster

" " Residence Union

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No. _____

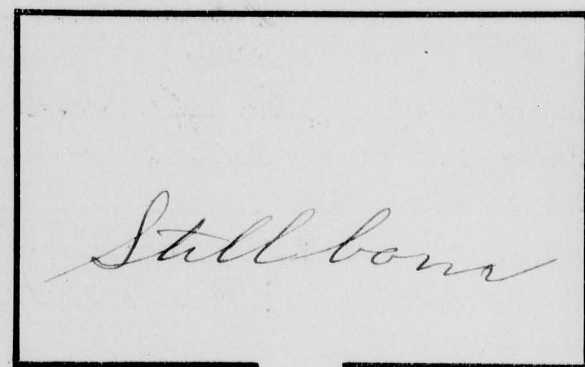
Services at None

Time of Services _____

Date of Burial May 9 '11

Officiating Clergyman _____

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black



Number of Casket or Coffin P. K. Reg. Size 1/2 Maker Woolley \$ _____

Lining White Pillow _____ Handles _____

Plate _____ How Engraved _____

Number of Robe _____ Color _____

Outside Case _____ Plate Engraved _____ Delivered to _____

Body Preserved with _____ Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to _____ Cemetery, City Call or R. R. Depot _____

Number Coaches to _____ " " " " " _____

Porters _____

Advertised in _____

Dr.

Cr.

55

NATIONAL FUNERAL REGISTER

No. for
Year 1911

Record of the Funeral of
Total No.
To Date 57

Date of Death May 10 1911 Color White Age 93

Full Name Julia Madeline Gunther

Last Place of Residence No. Adams Street Patterson Ave No.

Occupation Sex female

Birthplace, or if Foreign Born France

Father's Name Charles Gunther Birthplace France

Mother's Name Lorna Hilmy

Chief Cause of Death Contributing Cause

Attending Physician H. Stafford

Residence Summer

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

Section No.

Services at St. Francis

Time of Services 9 AM May 13

Date of Burial May 13

Officiating Clergyman

Mark position of Grave on Lot in Red thus ☒
" Monument on Lot thus ☐
" other Graves and points of Compass on Lot, when necessary, in Black

Number of Casket or Coffin 3065 R. 20 Size 5/9 Maker National \$

Lining White Pillow Handles

Plate How Engraved

Number of Robe Color White Silk

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Pyramid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 3

Porters

Advertised in Mailer

CEMETERY LOT

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ Daniel Collins To Date 69 _____
 Date of Death May 14 19 11 Color White Age _____ { Years 70
 Months _____
 Days _____
 Full Name Daniel Collins { Single _____
 Married _____
 Widowed _____
 Last Place of Residence Haverhill Mass. Street _____ No. _____
 Occupation Rail Roader Sex Male
 Birthplace, or if Foreign Born Ireland
 Father's Name William Collins Birthplace Ireland
 Mother's " Margaret Grant " _____
 Chief Cause of Death Chronic Nephritis Contributing Cause _____
 Attending Physician _____
 " " Residence Hammond State Hosp.
 Place of Burial Nor Adams
 Cemetery Lot or Grave No. Lot 351, Hillside
 " Section No. Grave # 8
 Services at _____
 Time of Services _____
 Date of Burial _____
 Officiating Clergyman _____

Mark position of Grave on Lot in and thus:
 " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black

Train Order.

CEMETERY LOT

Number of Casket or Coffin Crape Size 6/8 Maker National
 Lining White Pillow _____ Handles Sil
 Plate _____ How Engraved _____
 Number of Robe Chun suit Color Grey Imped _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Unknown Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " _____
 Porters _____
 Advertised in Wailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____

Year 19 11 _____ To Date 6/1 _____

Date of Death May 27 1911 Color White Age _____ { Years 32
Months _____
Days _____

Full Name Bridget Gallagher { Single Single
Married _____
Widowed _____

Last Place of Residence Springfield Mass Street _____ No. _____

Occupation Domestic Sex female

Birthplace, or if Foreign Born _____

Father's Name Patrick Gallagher Birthplace _____

Mother's " _____

Chief Cause of Death Septicemia Contributing Cause _____

Attending Physician Springfield M. H.

" " Residence Springfield

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No. _____

Services at St. Francis

Time of Services 9 A.M. May 29

Date of Burial May 29

Officiating Clergyman _____

Number of Casket or Coffin 3087 Size 5/9 Maker National \$ _____

Lining White Pillow _____ Handles Sil

Plate Sil How Engraved Name

Number of Robe _____ Color White

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Carbide Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to Hillside Cemetery, City Call or R. R. Depot _____

Number Coaches to 4 " " " " _____

Porters _____

Advertised in Harvard

Mark position of Grave on Lot in Red thus: ☒
" " Monument on Lot thus: ☐
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

50

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 11Michael PrudergastTo Date 65Date of Death June 17 1911Color White Age 32 Years 8 Months 8 Days

Full Name

Michael PrudergastSingle Single Married Widowed

Last Place of Residence

No. AdamsStreet Franklyn No. 34

Occupation

Print WorksSex Male

Birthplace, or if Foreign Born

Hosick Falls N. Y.

Father's Name

John PrudergastBirthplace Ireland

Mother's

Ellen Houd

Chief Cause of Death

Pul. Tuberculosis

Contributing Cause

Attending Physician

Dr. G. L. Larran

Residence

Eagle St

Place of Burial

Hosick Falls N. Y.

Cemetery Lot or Grave No.

Section No.

Services at

St. Francis

Time of Services

8.30 A. M.

Date of Burial

June 21 11

Officiating Clergyman

1Number of Casket or Coffin Sil. 12.5Size 6/0Maker Sessions

\$

Lining

White Silk & 6 PilsWhite

Handles

Uld. Sil

Plate

Alab. Sil

How Engraved

Name

Number of Robe

Wm. Suit

Color

Black

Outside Case

6. Walnut

Plate Engraved

Delivered to

Body Preserved with

Multurn

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Dr. pot.

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

Dr.

Cr.

CEMETERY LOT

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1911

To Date 6.6

Date of Death June 27th 1911

Color White Age

Years 46

Months 8

Days 11

Full Name Ellen M. Cuen

Single Single

Married

Widowed

Last Place of Residence near mill off road at 89 Union St

Street No.

Occupation weaver

Sex female

Birthplace, or if Foreign Born Ireland

Father's Name John M. Cuen

Birthplace Ireland

Mother's Name Elizabeth Devlin

Chief Cause of Death Septic infection of face

Contributing Cause

Attending Physician Dr. George Curran

Residence Eagle St

Place of Burial Hillside

Cemetery Lot or Grave No. 4

Section No. west row

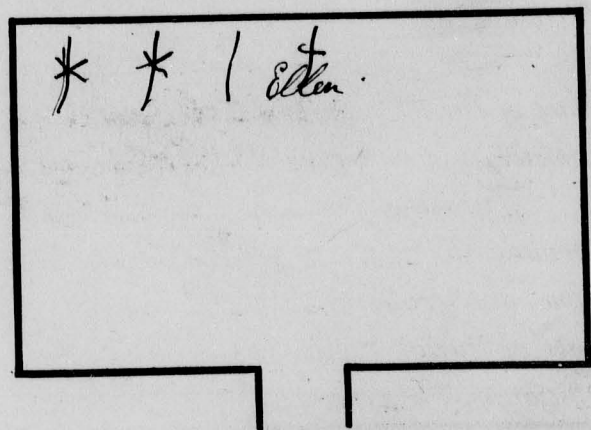
Services at St. Francis

Time of Services 9 A.M.

Date of Burial June 29 - 1911

Officiating Clergyman Rev. Walsh

☐ Mark position of Grave on Lot in Red thus:
☐ " Monument on Lot thus:
☐ " " other Graves and points of Compass
☐ on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin Silver Gray Plush Size 60x42 Maker \$

Lining figured silk

Pillow fine

Handles Silver Panel

Plate Silver Crest

How Engraved Hand

Number of Robe

Color White Cashmere

Outside Case Pine

Plate Engraved

Delivered to

Body Preserved with Mutton Washing, Dressing and Shaving

Use 2 Doz. Chairs

Draperies

Candelabra 1st

Candles

Removing Remains

Crape White

Gloves White

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to 4

Porters

Advertised in Daily

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ Female Inft of Patrick Bernardo To Date 67 _____

Date of Death July 2 19 11 Color White Age _____
 { Years _____
 Months _____
 Days _____

Full Name Female Inft of Patrick Bernardo { Single Single
 Married _____
 Widowed _____

Last Place of Residence No. Adams Street Ryan Lane No. 18

Occupation None Sex Female

Birthplace, or if Foreign Born No. Adams

Father's Name Patrick Bernardo Birthplace Italy

Mother's " Madeline Jacquine " " "

Chief Cause of Death Still-born Contributing Cause _____

Attending Physician _____

" " Residence _____

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No. Flat

Services at None

Time of Services _____

Date of Burial July 3

Officiating Clergyman None

Number of Casket or Coffin P. K. 29 Size 40 Maker Bristol \$ _____

Lining White Pillow _____ Handles None

Plate _____ How Engraved _____

Number of Robe _____ Color _____

Outside Case _____ Plate Engraved _____ Delivered to _____

Body Preserved with _____ Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to _____ Cemetery, City Call or R. R. Depot _____

Number Coaches to _____ " " " " " " _____

Porters _____

Advertised in _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ Frank H. Hurlbut _____ To Date 71 _____
 Date of Death July 20 19 11 _____ Color White Age _____ { Years 44
 _____ Months _____ Days _____
 Full Name Frank H. Hurlbut { Single Single
 _____ Married _____
 _____ Widowed _____
 Last Place of Residence Clarkburg Street No. Eagle No. _____
 Occupation Seaborn Sex Male
 Birthplace, or if Foreign Born Williamstown Birthplace Williamstown
 Father's Name Jeremiah Hurlbut Birthplace Birmingham, Ala.
 Mother's " Elizabeth Hurlbut Birthplace Birmingham, Ala.
 Chief Cause of Death Gun on abdomen & legs Contributing Cause Alcoholism
 Attending Physician Dr. Geo. Curran
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No. _____
 Services at Home
 Time of Services 2:30 P.M. July 21
 Date of Burial July 21
 Officiating Clergyman Rev. Mitchell

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 66 crape Size 6'6" Maker F. Rose \$ _____
 Lining White Pillow _____ Handles Nickel
 Plate Sil How Engraved Name
 Number of Robe _____ Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Mullein Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Hillside Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " _____
 Porters _____
 Advertised in Alasus

Dr.

Cr.

0

NATIONAL FUNERAL REGISTER

No. for 1
Year 1911

Record of the Funeral of May L. Swatman

Total No. 172
To Date 11/22

Date of Death July 19 11 Color White Age 72
 { Years 72
 Months 9
 Days 17

Full Name May L. Swatman { Single.....
 Married.....
 Widowed Widowed

Last Place of Residence Bonway Mass Street..... No.....
 Occupation Retired Sex female

Birthplace, or if Foreign Born.....
 Father's Name..... Birthplace.....
 Mother's ".....

Chief Cause of Death Radical Ulcer Contributing Cause.....
 Attending Physician.....
 " " Residence.....

Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No.
 Services at Home
 Time of Services.....
 Date of Burial July 21 11
 Officiating Clergyman Rev. E. Erwin

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Train Order

Cemetery Lot

Number of Casket or Coffin..... Size..... Maker..... \$.....
 Lining..... Pillow..... Handles.....
 Plate..... How Engraved.....
 Number of Robe..... Color.....
 Outside Case..... Plate Engraved..... Delivered to.....
 Body Preserved with..... Washing, Dressing and Shaving.....
 Use..... Doz. Chairs..... Draperies..... Candelabra..... Candles.....
 Removing Remains..... Crape..... Gloves.....
 Cemetery Expenses..... Church Expenses..... Linen Scarf.....
 Hearse to..... Cemetery, City Call or R. R. Depot.....
 Number Coaches to 2 " " " " " "
 Porters.....

Advertised in Obit

Dr.

Cr.

No. for
Year 1911

Record of the Funeral of
Amurico A Mazza

Total No.
To Date 75

Date of Death July 30 1911 Color White Age { Years 2 Months 7 Days

Full Name Amurico A Mazza { Single Single Married Widowed

Last Place of Residence No Adams Street Forest No

Occupation None Sex Male

Birthplace, or if Foreign Born No Adams

Father's Name John Mazza Birthplace Austria

Mother's " Modelina Bertazzo " Italy

Chief Cause of Death Pneumonia Contributing Cause

Attending Physician Mr. Malt

" " Residence Church

Place of Burial No Adams

Cemetery Lot or Grave No. St Joseph's

" Section No. Top of Hill 69

Services at St Anthony

Time of Services 9 A. M.

Date of Burial July 31

Officiating Clergyman Rev. Lattanzio

Number of Casket or Coffin Lamb Skin Size 2 1/2 Maker Miller & Burham \$

Lining White Pillow Handles Sil

Plate Sil How Engraved hand

Number of Robe Color

Outside Case Pine Plate Engraved — Delivered to

Body Preserved with frigid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Small Candles

Removing Remains Crape White Gloves

Cemetery Expenses 89.00 Church Expenses — Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to 2

Porters

Advertised in Herald

Dr.

Cr.

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0

NATIONAL FUNERAL REGISTER

No. for

Year 1911

Record of the Funeral of

Herbert Earl Cardinal

Total No.

To Date 76

Date of Death

Aug 3 1911

Color

White

Age

Years

Months

Days

Full Name

Herbert E. Cardinal

Single

Single

Married

Widowed

Last Place of Residence

Clarksburg

Street

Halls grant No.

Occupation

None

Sex

Male

Birthplace, or if Foreign Born

Clarksburg

Father's Name

Edward Cardinal

Birthplace

No. Adams

Mother's

Isabelle Hull

"

Albany VT

Chief Cause of Death

Cholera Infantum

Contributing Cause

Attending Physician

Dr. Keenan

"

"

Residence

Eagle St

Place of Burial

No. Adams

Cemetery Lot or Grave No.

So View

"

Section No.

Services at

None

Time of Services

Date of Burial

Aug 4 11

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

P.K. 29

Size

2 1/2

Maker

Woolley

\$

Lining

White

Pillow

Handles

Silk

Plate

Unlabeled

How Engraved

Number of Robe

Color

Outside Case

Pink

Plate Engraved

Delivered to

Body Preserved with

Hidgid

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

" " " " "

Porters

Advertised in

Hailies

Dr.

Cr.

44

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1871

To Date 77

Date of Death Aug 7 1911

Color White Age

 Years 18
 Months
 Days

Full Name Katharine Rainey

 Single
 Married Married
 Widowed

Last Place of Residence No Adams

Street Northlight Ave

Occupation None

Sex female

Birthplace, or if Foreign Born Adams Mass

Father's Name Thomas Leonus

Birthplace Stockport N.Y.

Mother's Name Florence Garrick

Birthplace Coermans N.Y.

Chief Cause of Death Septic Pneumonia

Contributing Cause

Attending Physician Dr. Geo. Larran

Residence Eagle St

Place of Burial No Adams

Cemetery Lot or Grave No So. View Graves

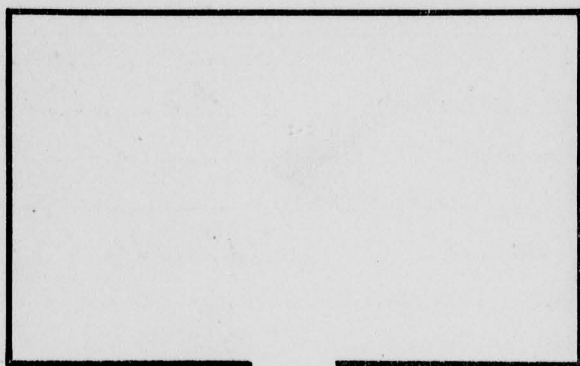
Section No Lot # 620 S.W. 2

Services at Home

Time of Services 2:30 P.M. Aug 9 11

Date of Burial Aug 9 11

Officiating Clergyman Rev. Herrick

 Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.


CEMETERY LOT

Number of Casket or Coffin P.K. & P. Comb. Size 5/6

Maker Bristol

\$

Lining white

Pillow white

Handles Sil

Plate Sil

How Engraved Name

Number of Robe 11

Color white

Outside Case Pine

Plate Engraved

Delivered to

Body Preserved with Mullen

Washing, Dressing and Shaving

Use Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to So. View

Cemetery, City Call or R. R. Depot

Number Coaches to 3

Porters

Advertised in Herald

Dr.

Cr.

No. for
Year 1911

Record of the Funeral of
Umaro Benedetti

Total No.
To Date 78

Date of Death Aug 7 1911 Color White Age { Years Months Days }
Full Name Umaro Benedetti { Single Married Widowed }
Last Place of Residence No. Adams Mass Street State No. 137
Occupation None Sex Male
Birthplace, or if Foreign Born No. Adams
Father's Name Girolamo Benedetti Birthplace Austria
Mother's " Josephina Viccellio " Italy
Chief Cause of Death Asthma Contributing Cause
Attending Physician Mr. J. Brown
" " Residence 6 Birch
Place of Burial No. Adams
Cemetery Lot or Grave No. So View
" Section No.
Services at St. Anthony's
Time of Services 3 P. M. Aug 8.
Date of Burial Aug 8 11
Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒ ⊕
" " " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

Number of Casket or Coffin Leatherskin Size 2 1/3 Maker Miller & B \$
Lining White Pillow White Handles Lamb
Plate Blue Balz How Engraved
Number of Robe Color
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Fluid Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to White to So. View Cemetery, City Call or R. R. Depot
Number Coaches to 7 " " " " "
Porters
Advertised in 7

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 11 _____ Alfred Benen's To Date 7/9 _____

Date of Death Aug 8 19 11 Color White Age _____ { Years _____
 Months 2
 Days 3

Full Name Alfred Benen's { Single Single
 Married _____
 Widowed _____

Last Place of Residence No. Adams Street _____ State _____ No. 159
 Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams Birthplace Austria
 Father's Name David Benen's Mother's Josephine M. Benen's Birthplace Italy

Chief Cause of Death Gastro Enteritis Contributing Cause _____
 Attending Physician Dr. Gueque
 " " Residence Summer

Place of Burial No. Adams
 Cemetery Lot or Grave No. St Joseph
 " Section No. Top of 341

Services at _____
 Time of Services _____
 Date of Burial Aug 9 11
 Officiating Clergyman _____

Number of Casket or Coffin R. K. 29 Size 2/3 Maker Bristol \$ _____
 Lining White Pillow _____ Handles Leamb
 Plate Mr. Babr How Engraved _____
 Number of Robe _____ Color _____
 Outside Case _____ Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to 2 " " " " " "
 Porters _____
 Advertised in Plain

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

99

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 11Gerald Wallace PrattTo Date 82Date of Death Aug 14 1911Color White

Age

Years

Months

Days

Full Name

Gerald Wallace Pratt

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Williams

No.

69

Occupation

None

Sex

Male

Birthplace, or if Foreign Born

No. Adams

Father's Name

Norman M. Pratt

Birthplace

No. Adams

Mother's

Emma Beaumgard

"

Suncoke, N. H.

Chief Cause of Death

Gastro Enteritis

Contributing Cause

Attending Physician

Dr. Russell

"

"

Residence

None

Place of Burial

No. Adams Mass

Cemetery Lot or Grave No.

So. View Cemetery

"

Section No.

Services at

None

Time of Services

11

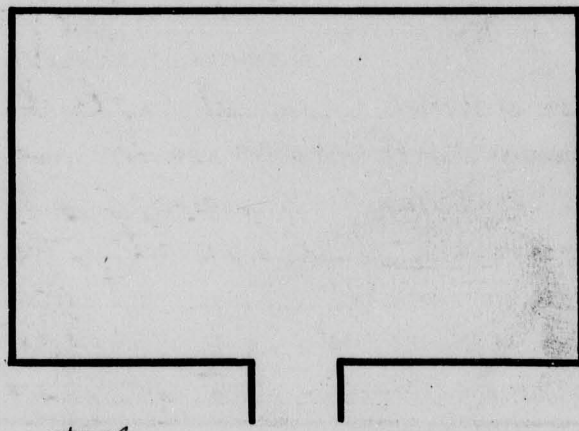
Date of Burial

Aug. 15 11

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☐ ⊕" " Monument on Lot thus: ☐

" " " other Graves and points of Compass on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin

5

Size

2/0

Maker

Thomson

\$

Lining

White

Pillow

Handles

Sil.

Plate

Wm. Baber

How Engraved

N

Number of Robe

Wm. Blather

Color

White

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Fluid gel

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

1

"

"

"

"

"

Porters

Advertised in

Examiner

Dr.

Cr.

No. for		Record of the Funeral of		Total No.	
Year 1911		Frank Judge		To Date 83	
Date of Death Aug 15 1911		Color		Age { Years 29 Months Days	
Full Name Frank Judge		Single		Single	
Last Place of Residence Monroe Mass.		Street		No.	
Occupation Farmer		Sex Male			
Birthplace, or if Foreign Born Monroe		Birthplace Ireland			
Father's Name Patrick Judge		Mother's Name Margaret			
Chief Cause of Death Septic Peritonitis		Contributing Cause			
Attending Physician Wm. Curran		Residence No. Adams			
Place of Burial No. Adams		Cemetery Lot or Grave No. St. Joseph's			
Section No. St. Francis		Services at 9 A. M. Aug 17			
Time of Services Aug 17		Date of Burial			
Officiating Clergyman Rev. Sullivan		Number of Casket or Coffin 171		Size 6/0	
Lining White		Pillow		Maker National \$	
Plate Old Copper		How Engraved Name by Hand		Handles Old Copper	
Number of Robe Blue		Color Blue		Outside Case Pine	
Plate Engraved		Delivered to		Body Preserved with Esco Race	
Washing, Dressing and Shaving		Use 2 Doz. Chairs		Draperies	
Candelabra 6		Candles 6		Removing Remains from Monroe	
Crape White		Gloves		Cemetery Expenses	
Church Expenses		Linen Scarf		Hearse to St. Joseph's	
Cemetery, City Call or R. R. Depot		Number Coaches to 5		Porters	
Advertised in Dailies					

Dr.

Cr.

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NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1911

Agnes Bombardier

To Date 86

Date of Death Aug 24 1911

Color white

Age

Years

Months 10

Days 2

Full Name

Agnes Bombardier

Single

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Front

No. 47

Occupation

None

Sex

female

Birthplace, or if Foreign Bory

No Adams

Father's Name

Alexander Bombardier

Birthplace

Mother's

Chief Cause of Death

Lachalua Infantum

Contributing Cause

Attending Physician

Mr. Brosseau

"

"

Residence

Place of Burial

St. View

Cemetery Lot or Grave No.

Front # 844

"

Section No.

Services at

None

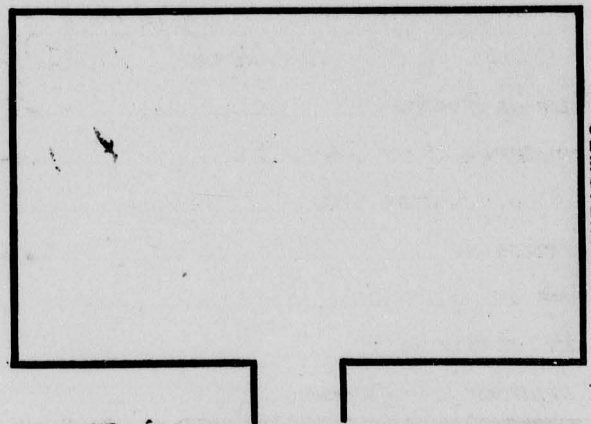
Time of Services

Date of Burial

Aug 25, 2 P.M.

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: " ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Number of Casket or Coffin

Scambskin

Size 2/3

Maker

Bristol

Lining

white

Pillow

Handles

Sil. Lamb.

Plate

Blue Balm

How Engraved

Number of Robe

Color

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Fradzid

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

H. Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19... 11.....

Record of the Funeral of

Total No.

To Date... 89.....

Date of Death... Sept 6 19... 11..... Color... White Age... 63 Years... 9 Months... 6 Days...

Full Name... May A. Huggan { Single... Married... Married Widowed...

Last Place of Residence... No. Adams Street... Whitman No. 4

Occupation... Housewife Sex... female

Birthplace, or if Foreign Born... Copake N.Y.

Father's Name... Christopher Reagan Birthplace... Ireland

Mother's " ... Mary A. Kennedy " " " "

Chief Cause of Death... Apoplexy Contributing Cause...

Attending Physician... Dr. La Roche

" " Residence... Main

Place of Burial... No. Adams

Cemetery Lot or Grave No... 1 Hillside

" Section No.

Services at... St. Francis

Time of Services... 9 A.M. Sept 8

Date of Burial... Sept 8

Officiating Clergyman... Rev. Murphy

Number of Casket or Coffin... 3110 Size... 6/0 Maker... National \$

Lining... White Pillow... Handles... Sil & Satin

Plate... Sil How Engraved... Name

Number of Robe... Color... Black

Outside Case... Pine Plate Engraved... Delivered to...

Body Preserved with... Mullum Washing, Dressing and Shaving...

Use... Doz. Chairs... Draperies... Candelabra... Best Candles...

Removing Remains... Crape... By Purple Gloves...

Cemetery Expenses... Church Expenses... Linen Scarf...

Hearse to... Hillside Cemetery, City Call or R. R. Depot...

Number Coaches to... 7 " " " " " "

Porters...

Advertised in... Mail

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NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1911

To Date 93

Date of Death Sept 12 1911

Color White Age

Years 1
Months 3
Days 26

Full Name Ellen Bianco

Single

Married

Widowed

Last Place of Residence No. Adams

Street

Rivers

No. 285

Occupation None

Sex

female

Birthplace, or if Foreign Born No. Adams

Father's Name John Bianco

Birthplace

Italy

Mother's Name Rose Barlow

Philadelphia

Chief Cause of Death Convulsions

Contributing Cause

Attending Physician Dr. Russell

"

"

Residence

Rivers

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

"

Section No.

Sec. 6 Lot 200 Grave 4

Services at St. Anthony's

Time of Services 2:30 P.M.

Date of Burial Sept. 13, 11

Officiating Clergyman Rev. Latanzza

Mark position of Grave on Lot in Red thus: 
 " " " Monument on Lot thus: 
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin Lambert's Size 2 1/2

Maker Miller & B

\$

Lining White

Pillow

Handles Sil

Plate Sil

How Engraved

Number of Robe 4 Color White

Outside Case Pine

Plate Engraved

Delivered to

Body Preserved with Frigid Washing, Dressing and Shaving

Use Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to W. to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 5

Porters

Advertised in Herald

Dr.

Cr.

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NATIONAL FUNERAL REGISTER

No. for
Year 19... 11

Record of the Funeral of
Adele Moreau

Total No.
To Date 95

Date of Death Sept 27 1911 Color white Age { Years 56
Months
Days

Full Name Adele Moreau { Single
Married married
Widowed

Last Place of Residence No. Adams Street Gallagh No. 116

Occupation At Home Sex female

Birthplace, or if Foreign Born Canada Birthplace Lon.

Father's Name Frank Sampson

Mother's " Annie Hensute

Chief Cause of Death Contributing Cause

Attending Physician H. C. J. Brown

" " Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No.

Services at Notre Dame

Time of Services 8 A. M. Sept 27

Date of Burial Sept 27

Officiating Clergyman

Number of Casket or Coffin 3116 Size 5/9 Maker Nat. \$

Lining white Pillow Handles Sil & Satin

Plate Sil How Engraved Name

Number of Robe 4 sundress Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Escorace Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Best Candles

Removing Remains Crape B. & W. Gloves b. Pe Black

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to 2 & 3 seats " " " "

Porters

Advertised in Dailies

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 11

Record of the Funeral of
Sarah Hanlon

Total No.
To Date 103

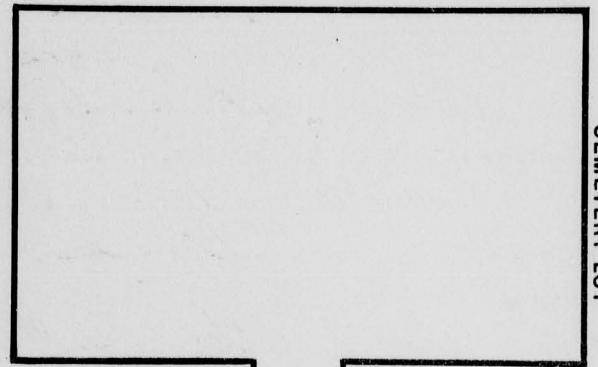
Date of Death Oct 31 19 11 Color White Age 72
 { Years 72
 { Months 00
 { Days 00

Full Name Sarah Hanlon { Single Widowed
 { Married Widowed
 { Widowed Widowed

Last Place of Residence No. Adams Street River No. 53
 Occupation None Sex female
 Birthplace, or if Foreign Born Ireland
 Father's Name Patrick Sharkey Birthplace Ireland
 Mother's Unknown
 Chief Cause of Death Heart Disease Contributing Cause Fractured Hip
 Attending Physician Mr. Fagan
 " " Residence No. Adams
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph's
 " Section No. 1/2 Half Lot 79 Grave 2
 Services at St. Francis
 Time of Services 9 A.M. Nov 3
 Date of Burial Nov 3 11
 Officiating Clergyman Rev. Sullivan

Number of Casket or Coffin like 3700 Nat Size 4 1/2 Maker Marsullys \$
 Lining white silk Pillow white silk Handles Eight Sil
 Plate Sil How Engraved Name
 Number of Robe Color
 Outside Case Pine Plate Engraved Delivered to
 Body Preserved with Esco Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to St. Joseph's Cemetery, City Call or R. R. Depot
 Number Coaches to 4
 Porters
 Advertised in Wailis

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____
 Year 19 11

Record of the Funeral of John P. Murphy

Total No. _____
 To Date 104

Date of Death November 4 1911 Color White Age _____
 { Years 37
 Months _____
 Days _____

Full Name John P. Murphy { Single _____
 Married Married
 Widowed _____

Last Place of Residence No. Adams Street Gale No. 94
 Occupation Watchman Sex Male

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Patrick Murphy Mother's Ann M. L. Loughlin

Chief Cause of Death Chronic Cystitis Contributing Cause _____

Attending Physician Dr. Geo. H. Curran
 " " Residence Eagle

Place of Burial St. Joseph's

Cemetery Lot or Grave No. _____
 " Section No. _____

Services at St. Francis
 Time of Services 9 A. M. Nov. 6 '11
 Date of Burial Nov. 6 1911
 Officiating Clergyman _____

Number of Casket or Coffin 151 Int Oak Size 6/8 Maker National \$ _____
 Lining White silk Pillow _____ Handles Sil

Plate Sil How Engraved Name
 Number of Robe _____ Color Black

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with _____ Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra Best Candles _____

Removing Remains _____ Crape Bl & Purple Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot _____

Number Coaches to 7 " " " " " _____

Porters _____

Advertised in Kailius

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

No. for
Year 1911
Date of Death Nov. 6 1911
Full Name Philomene Cadron
Last Place of Residence No. Adams
Occupation None
Birthplace, or if Foreign Born Canada
Father's Name Joseph Avery
Mother's Name Rose Hendley
Chief Cause of Death Heart Disease
Attending Physician Mr. M. E. Greth
Place of Burial No. Adams
Cemetery Lot or Grave No. Hillside
Section No.
Services at Notre Dame
Time of Services 9 A.M. Nov. 8 '11
Date of Burial Nov. 8 '11
Officiating Clergyman Rev.

Record of the Funeral of
Philomene Cadron
Total No. 103
To Date 103
Color White Age 66
Single
Married
Widowed
Street Holden No. 82
Sex female
Birthplace Can.
Contributing Cause
Mark position of Grave on Lot in Red thus
" " Monument on Lot thus
" " other Graves and points of Compass
on Lot, when necessary, in Black

Number of Casket or Coffin 3110 Size 579 Maker Natural \$
Lining White silk Pillow Handles Silk & Satin
Plate Silk How Engraved Name
Number of Robe 4 Color
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Esco Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Hillside Cemetery, City Call or R. R. Depot
Number Coaches to 5
Porters
Advertised in Mail

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____
Year 19 41 _____
Record of the Funeral of Harry H. H. H.
Total No. _____
To Date 106 _____

Date of Death Nov. 8 1910 Color White Age 11 } Years.....
Months.....

Full Name Harry Sears } Single Single
Married

Last Place of Residence.....*St. Adams*.....Street.....*Cable*.....No.....*153*.....

Occupation None Sex Male

Birthplace, or if Foreign Born.....No. Adams

Father's Name.....*Samuel Sears*.....Birthplace.....*Canada*.....

Mother's " Georgiana Jessup "

Chief Cause of Death.....Lobar Pneumonia.....Contributing Cause.....

Attending Physician.....*Mr. Brosseau.*

“ “ Residence Eagle St ☐ () Com

Place of Burial.....No Adams.....

Cemetery Lot or Grave No. So. View

“ Section No. Five

Services at Note Home

Time of Services.....

Date of Burial..... Nov. 9 1911.....

Officiating Clergyman.....

... on ... Wall

Number of Casket or Coffin.....1 A. Coffin.....Size 279.....Maker Wm. L. King.....\$

Lining	W. in	Pillow	Handles	Name
10	10	10		

Plate <u>Am. History</u>	How Engraved		

Number of Robe	9	Color	
South Gate	0	Blue	
North Gate	0	Blue	
East Gate	0	Blue	
West Gate	0	Blue	
South Gate	0	Blue	
North Gate	0	Blue	
East Gate	0	Blue	
West Gate	0	Blue	

Outside Case.....*fine*.....Plate Engraved.....Delivered to.....

Body Preserved with.....	Washing, Dressing and Shaving.....		
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Use.....	Doz. Chairs.....	Draperies.....	Candelabra.....	Candles.....		
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Removing Remains.....	Grape.....	Gloves.....		
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....			
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Hearse to Cemetery, City Hall or R. R. Depot.....

Number Coaches to...../..... " " " " "

Porters.....

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Advised in Atlanta

Cr.

[illegible]

17

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19... 11

To Date 107

Date of Death Nov. 10 1911

Color White Age

Years 5

Months 1

Days 18

Full Name John Affario

Single Single

Married

Widowed

Last Place of Residence No Adams

Street Tyler No 15

Occupation None

Sex Male

Birthplace, or if Foreign Born No Adams

Father's Name Angelo Affario

Birthplace Italy

Mother's Name Leonetta Angelo

Chief Cause of Death Acute ulcerative Tonsillitis

Attending Physician Dr. Quinn

Residence Main

Place of Burial No Adams

Cemetery Lot or Grave No. 84 So. View

Section No.

Services at

Time of Services

Date of Burial Nov. 11 1911

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☐ ⊕

" " Monument on Lot thus: ☐

" " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin # 5 Size 3/6 Maker Florence

Lining White Pillow Handles Lamb

Plate Blue Engraving How Engraved

Number of Robe Color

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Silver Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in Herald

Dr.

Cr.

NATIONAL FUNERAL REGISTER

Record of the Funeral of

Total No.

Paul H. Lisco

To Date.....108.....

Color, White Age

{ Years...61.....
 { Months.....
 { Days.....

Full Name.....Paul Melusca.....

Single.....
Married *Married*.....
Widowed.....

Last Place of Residence.....*No. Adams*.....

Street State No. 163 1/2

Occupation.....Laborer.

Sex Male

Birthplace, or if Foreign Born,.....Italy

Father's Name.....Unknown.....

Birthplace.....

Mother's "

Contributing Cause.....!

Chief Cause of Death.....
Attending Physician.....*Wm. H. J. Brown, M. D.*

“ “ Residence.....

Place of Burial..... No. 4 dams.

Cemetery Lot or Grave No. So. View

Section No. Grave # 1080

Services at.....*St. Anthony's*.....

Time of Services.....10 A.M. Nov. 13, 11.

Date of Burial..... Nov 11

Officiating Clergyman.....Rev. L. Stanzza

Number of Casket or Coffin *Sq Vn casket Cheap flat w*

Maker *H. Lorraine* \$

--	--

Lining *White* Pillow

Handles Nickel

Plate.....How Engraved.

Number of Robe Green Suit Color Black

Outside Case.....Pine.....Plate Engraved.....Delivered to.....

Body Preserved with Esco Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra 2 2.....Candles

Removing Remains.....Crape Black.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to Do. View Cemetery, City Call or R. R. Depot

Number Coaches to.....5..... " " " " "

Porters.

Advertised in.

Cr.

[illegible]

19

NATIONAL FUNERAL REGISTER

No. for
Year 19 XX Florence Leary Record of the Funeral of
Total No. To Date 11/1

Date of Death Nov 18th 1911 Color White Age 70 { Years 70
Months 1
Days 3

Full Name Florence Leary { Single.....
Married.....
Widowed Widowed

Last Place of Residence North Adams Mass Street River No. 338

Occupation Laborer Sex Male

Birthplace, or if Foreign Born Ireland

Father's Name Unknown Birthplace.....

Mother's " " " " " "

Chief Cause of Death Gangrene Contributing Cause.....

Attending Physician W. B. Riley

" " Residence Mail

Place of Burial Pittsfield

Cemetery Lot or Grave No. St Joseph's

" Section No.

Services at No Adams St Francis

Time of Services 9.30 A.M. Nov 22

Date of Burial Nov. 22 1911

Officiating Clergyman.....

Number of Casket or Coffin 171 Size 6/8 Maker Nat \$

Lining White Pillow White Handles 1st Bronze 8 ft

Plate 1st Bronze How Engraved Name

Number of Robe 1 Color Black

Outside Case Shrubert Plate Engraved..... Delivered to.....

Body Preserved with Esco Washing, Dressing and Shaving.....

Use..... Doz. Chairs..... Draperies..... Candelabra..... Candles.....

Removing Remains..... Crape..... Gloves.....

Cemetery Expenses..... Church Expenses..... Linen Scarf.....

Hearse to Depot Cemetery, City Call or R. R. Depot.....

Number Coaches to 6 " " " " " "

Porters.....

Advertised in Mail

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No. for
Year 1914

Record of the Funeral of
William Gagne

Total No.
To Date 113

Date of Death Nov. 29 1914 Color White Age { Years 76
Months 2
Days 9

Full Name William Gagne { Single
Married
Widowed

Last Place of Residence Salem Mass. Street No.
Occupation Shoabow Sex Male

Birthplace, or if Foreign Born
Father's Name Birthplace
Mother's " " " "

Chief Cause of Death Nephritis Contributing Cause
Attending Physician
" " Residence Salem Mass.
Place of Burial No. Adams
Cemetery Lot or Grave No. So. View
" Section No.
Services at Notre Dame
Time of Services 9 A M Dec 2
Date of Burial Dec 2 1911
Officiating Clergyman

Number of Casket or Coffin Int. Oak Act Size
Lining Pillow
Plate How Engraved
Number of Robe Color
Outside Case Plate Engraved Delivered to
Body Preserved with Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to So. View Cemetery, City Call or R. R. Depot
Number Coaches to 5 " " " " "
Porters
Advertised in Herald

Train Under.

CEMETERY LOT

Dr.

Cr.

No. for
Year 1904

Record of the Funeral of
Norbert Mandeville

Total No.
To Date 115

Date of Death Dec 4 1911 Color White Age { Years 88 Months 8 Days 10

Full Name Norbert Mandeville { Single Married Widowed

Last Place of Residence No. Adams Street Ried No. 275

Occupation Retired Sex Male

Birthplace, or if Foreign Born Canada Birthplace

Father's Name Unknown Mother's "

Chief Cause of Death Carcinoma of Bladder Contributing Cause

Attending Physician H. Brosseau

" " Residence Eagle

Place of Burial Spencer Mass

Cemetery Lot or Grave No.

" Section No.

Services at Notre Dame

Time of Services 9:30 A.M. Dec 5

Date of Burial Dec 6 11

Officiating Clergyman

Number of Casket or Coffin Entablature like Size 6/6 Maker B.B.C \$

Lining White Pillow Handles Vrt Bronze

Plate Vrt Bronze How Engraved Name

Number of Robe Union Suit Color

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Best Candles

Removing Remains Crape B.P. Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hearse Cemetery, City Call or R. R. Depot

Number Coaches to 2 " " " " "

Porters

Advertised in Herald

Dr.

Cr.

No. for
Year 1911

Record of the Funeral of
Total No. 117
To Date 11/7

Date of Death Dec 8 1911 Color White Age 1 { Years 1
Months 3
Days 8

Full Name Madeline Lezzaglio { Single Single
Married
Widowed

Last Place of Residence No Adams Street State No. 148
Occupation None Sex Female
Birthplace, or if Foreign Born No Adams
Father's Name Stephen Lezzaglio Birthplace Italy
Mother's Margaret House " "
Chief Cause of Death Broncho Pneumonia Contributing Cause
Attending Physician Dr. Brosseau
" " Residence Eagle
Place of Burial No Adams
Cemetery Lot or Grave No. So Vivio
" Section No. Tree
Services at
Time of Services
Date of Burial Dec 9 1911
Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒ ⊕
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

Cemetery Lot

Number of Casket or Coffin 1013 Size 2 1/6 Maker H. Forme \$
Lining White Pillow Loam Handles Loam
Plate Alu. Base How Engraved Stamped
Number of Robe Alundress Color White
Outside Case Pine Plate Engraved
Body Preserved with Fridgid Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to One " " " " "
Porters
Advertised in Blair

Dr.

Cr.

9

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19... 11

Edward Hunt

To Date... 11/7

Date of Death... Dec. 11 1911

Color... White Age...

 Years... 62
 Months...
 Days...

Full Name... Edward Hunt

 Single...
 Married...
 Widowed... Widowed

Last Place of Residence... Leity Farm

Street... No...

Occupation... None

Sex...

Birthplace, or if Foreign Born... Ireland

Father's Name... James Hunt

Birthplace... Ireland

Mother's Name... Julia Smith

Chief Cause of Death... Heart Disease

Contributing Cause...

Attending Physician... Mr. M. G. Gath

Residence... Holden

Place of Burial... Charlestown Mass

Cemetery Lot or Grave No.

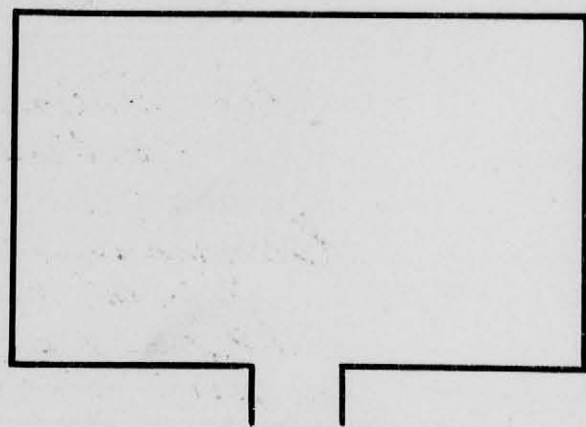
Section No.

Services at... Charlestown

Time of Services...

Date of Burial... Dec 13

Officiating Clergyman...

 Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.


Number of Casket or Coffin... Pine box lined Size

Maker...

\$

Lining... Pillow...

Handles...

Plate... How Engraved...

Number of Robe... Color...

Outside Case... Plate Engraved... Delivered to...

Body Preserved with... Esco... Washing, Dressing and Shaving...

Use... Doz. Chairs... Draperies... Candelabra... Candles...

Removing Remains... Crape... Gloves...

Cemetery Expenses... Church Expenses... Linen Scarf...

Hearse to... Cemetery, City Call or R. R. Depot...

Number Coaches to... " " " " " "

Porters...

Advertised in... Mailis

 Body Shipped to Timothy M. Leary #1 Moulton St
 Charlestown Mass

Dr.

Cr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...11

William Rowley

To Date 125

Date of Death Dec 24 19 11

Color White Age

 Years 42
 Months
 Days

Full Name William Rowley

 Single Single
 Married
 Widowed

Last Place of Residence No Adams

Street Kemp No 34

Occupation Painter

Sex Male

Birthplace, or if Foreign Born Scotland

Father's Name William Rowley

Birthplace Scotland

Mother's Name Eliza Horn

Chief Cause of Death Cerebral Hemorrhage Contributing Cause

Attending Physician Mr. Eugene

Residence Main

Place of Burial No Adams

Cemetery Lot or Grave No Hillside

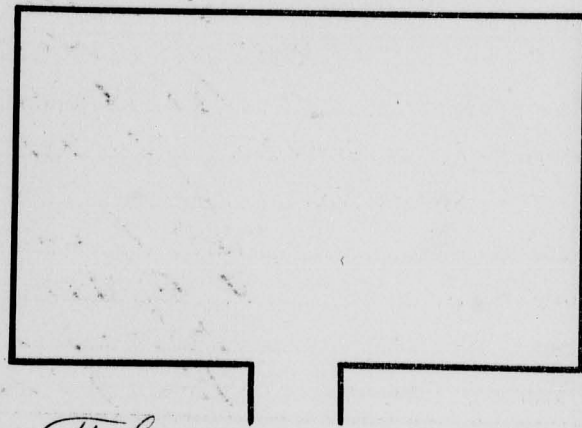
Section No

Services at St Francis

Time of Services 9 A M

Date of Burial Dec 26 11

Officiating Clergyman Rev. Sullivan

 Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black


Number of Casket or Coffin Sil Greylet Size 6/8

Maker Florence \$

Lining White Pillow

Handles Sil

Plate Sil How Engraved Name

Number of Robe Nun Suit Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 4

Porters

Advertised in Herald

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1911.....

Record of the Funeral of
Arthur Celano

Total No.
To Date 127

Date of Death Dec 28 1911..... Color White Age { Years 1
Months
Days 3

Full Name Arthur Celano { Single Single
Married
Widowed

Last Place of Residence 108 Terrace Street Terrace No 108

Occupation none Sex Male

Birthplace, or if Foreign Born North Adams

Father's Name Robert Celano Birthplace North Adams

Mother's Regina Cronina

Chief Cause of Death acute bronchitis Contributing Cause

Attending Physician acute St. Rely

Residence Richmond Hotel

Place of Burial South View

Cemetery Lot or Grave No. S & 2nd 622

Section No. Grave # 4

Services at Prayers at 9 am

Time of Services St. Anthony

Date of Burial Dec 30

Officiating Clergyman Rev. Lattanzio

Number of Casket or Coffin 5 Size 2 1/2 Maker Florence \$

Lining White Pillow Handles Lamb

Plate Unlabeled How Engraved

Number of Robe Color

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Fluid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to 10

Porters

Advertised in Herald

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 12Thomas F. MeaneyTo Date 3Date of Death Jan. 12 1912Color White Age 44 Years 3 Months 15 Days

Full Name

Thomas F. Meaney

Single

Married Married

Widowed

Last Place of Residence

No. AdamsStreet Cornth No. 116

Occupation

Granite & Marble WorkerSex Male

Birthplace, or if Foreign Born

Ireland

Father's Name

Michael MeaneyBirthplace Ireland

Mother's

Unknown

Chief Cause of Death

Enteric Pul. Tuberculosis

Contributing Cause

Attending Physician

Dr. Geo. Cunaw

"

"

Residence

Eagle

Place of Burial

No. Adams

Cemetery Lot or Grave No.

So. View

"

Section No.

Services at

St. Francis

Time of Services

2.30 P.M. Jan 12/12

Date of Burial

Jan 14/12

Officiating Clergyman

Rev. Murphy

Mark position of Grave on Lot in Red thus: ☐ ☒

" " " Monument on Lot thus: ☐ ☒

" " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 4 1/2 Solid Mahogany Size 40Maker Boydston \$Lining White SatinPillow W. SatinHandles Vet. Bronze Exp.Plate Vet. BronzeHow Engraved NameNumber of Robe Wool SuitColor BlueOutside Case BoydstonPlate Engraved Hand Script

Delivered to

Body Preserved with Ecco Raco

Washing, Dressing and Shaving

Use 2 Doz. Chairs

Draperies

Candelabra best

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to So. View

Cemetery, City Call or R. R. Depot

Number Coaches to Including 4 Privates

" " " "

Porters

Advertised in Blairies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 12Harrietta MorseTo Date 5

Date of Death

Jan 17 1912Color White

Age

 Years.....
 Months.....
 Days 13

Full Name

Harrietta Morse

Single.....

Single

Married.....

Widowed.....

Last Place of Residence

No. Adams

Street

RiverNo. 323

Occupation

None

Sex

female

Birthplace, or if Foreign Born

No. Adams

Father's Name

George E. Morse Jr.

Birthplace

Williamstown

Mother's

Catharine Chamberlin

"

Bennington, Vt.

Chief Cause of Death

Premature Birth

Contributing Cause

Attending Physician

Dr. Bushnell

"

"

Residence

Ashland St.

Place of Burial

Williamstown

Cemetery Lot or Grave No.

East Lawn

"

Section No.

Services at

Home

Time of Services

3 P.M.

Date of Burial

Officiating Clergyman

Prayer at Home by J.C.
 Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

P. H. Co.

Size

2/3

Maker

Bristol

\$

Lining

White

Pillow

Handles

Leather

Plate

Blue Engraving

How Engraved

Number of Robe

Color

Outside Case

Pa

Plate Engraved

Delivered to

Body Preserved with

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12 Record of the Funeral of Thomas Purcell Total No.
To Date 6

Date of Death Jan 18 1912 Color White Age 44
Months 4
Days 8

Full Name Thomas Purcell Single Married

Last Place of Residence No. Adams Street River No. 404

Occupation Painter Sex Male

Birthplace, or if Foreign Born Newbury Port Mass

Father's Name James Purcell Birthplace Ireland

Mother's Jessie Hartshorn

Chief Cause of Death Bright disease Contributing Cause

Attending Physician Dr. M. G. Grath

" " Residence Holmes

Place of Burial So. View

Cemetery Lot or Grave No. Flat

" Section No.

Services at St. Francis

Time of Services 9:45 A.M.

Date of Burial Jan 20 1912

Officiating Clergyman

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 3116 Size 6/8 Maker National

Lining White Pillow Handles Six Sateen

Plate Sil How Engraved Name

Number of Robe Color Black Broad C.

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Essex Race Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches to " " " " "

Porters

Advertised in Blades

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Edward James Martin

Total No.
To Date 7

Date of Death Jan 15 1912 Color White Age 22
 { Years 22
 Months 5
 Days 23

Full Name Edward James Martin
 { Single Single
 Married
 Widowed

Last Place of Residence St. Adams Hospital Street No.
 Occupation Student Sex Male

Birthplace, or if Foreign Born Providence, R.I.
 Father's Name William Martin Birthplace England
 Mother's Name Mellie Hillard Birthplace Stamford, Vt.

Chief Cause of Death Constriction of Lungs Contributing Cause
 Attending Physician Dr. M. E. Grath
 " " Residence Holden

Place of Burial St. Adams
 Cemetery Lot or Grave No. So View
 " Section No.

Services at St. Francis
 Time of Services 9 A. M. Jan 20 12
 Date of Burial Jan 20 1912
 Officiating Clergyman Rev. Walsh

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin 3115 Sil Grt Size 4 Maker National \$
 Lining White Silk Pillow Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Color Black B. C.
 Outside Case Pine Plate Engraved Delivered to
 Body Preserved with Esco-Raco Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to So View Cemetery, City Call or R. R. Depot
 Number Coaches to 2 4 3 seats " " " "
 Porters

Advertised in Dailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...12.....

To Date.....

Date of Death.....Feb.....20.....1912.....

Color *White* Age } Years.....
 } Months.....
 } Days.....

Full Name.....*Mary Risch*.....

Single.....
Married *Married*.....
Widowed.....

Last Place of Residence.....No. Adams

Street E Main No 362

Occupation.....Housewife

Sex female

Birthplace, or if Foreign Born.....Ireland

Father's Name..... Kelly

Birthplace.....Ireland.....

Mother's " Unknown

Chief Cause of Death.....Uterine cancer.

Contributing Cause.....'

Attending Physician.....*Dr. Rosa Filitsch*.....

“ “ Residence.....Sumner.....

Place of Burial.....No. Adams Mass.....

Cemetery Lot or Grave No. Maple St. Cemetery

Section No.

Services at.....*St. Francis*.....

Time of Services.....Feb.....5 9 A.M.

Date of Burial.....

Officiating Clergyman.

Mark position of Grave on Lot in Red thus: ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

GEMETERY LO

Number of Casket or Coffin.....5730.....Size.....6/8

Maker.....*National*.....\$

Lining White Silk Pillow

Handles. Old Sil Est

Plate Uld Sil How Engraved Name

Number of Robe One dress Color Black

Outside Case Pine Plate Engraved..... Delivered to

Body Preserved with Esco Rico Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape, BY Purple Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to Adams Cemetery, City Hall or R. R. Depot.

Number Coaches to 19 " " " " "

Porters.

Advertised in.....*Mail*.....

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 19 12 Andrew Cullen Record of the Funeral of
Date of Death Feb. 4 19 12 Color White Age 32 Total No. To Date 13
 Full Name Andrew Cullen { Single Single
 Married
 Widowed
 Last Place of Residence Hoosac Tunnel Street No.
 Occupation Section Foreman Sex Male
 Birthplace, or if Foreign Born Ireland Birthplace Ireland
 Father's Name Thomas Cullen
 Mother's Marcella Victory
 Chief Cause of Death Suicidal Gun Shot in Head Contributing Cause
 Attending Physician Dr. A. J. Brown M.D.
 " " Residence Burch
 Place of Burial Biddford Maine
 Cemetery Lot or Grave No. Biddford
 " Section No.
 Services at Biddford Maine
 Time of Services Feb. 7
 Date of Burial Feb. 7
 Officiating Clergyman
 Number of Casket or Coffin 62 Size 6/0 Maker Florence \$
 Lining White Pillow Handles Nickel
 Plate Sil. How Engraved
 Number of Robe Black Color Black
 Outside Case Pine Plate Engraved Delivered to
 Body Preserved with White Magia Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to Cemetery, City Call or R. R. Depot
 Number Coaches to " " " " "
 Porters
 Advertised in Darlies

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr. Dead at Hospital

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Edward Williams

Total No.
To Date 1/1

Date of Death Feb 4 19 12 Color White Age { Years 64
Months
Days

Full Name Edward Williams { Single
Married
Widowed Widowed

Last Place of Residence Hosac Tunnel Street No.

Occupation Labour Sex Male

Birthplace, or if Foreign Born Canada

Father's Name Joseph Williams Birthplace Can

Mother's Aurelia Pelkey

Chief Cause of Death Homicidal Gun Shot in Body Contributing Cause

Attending Physician Dr. W. J. Brown

" " Residence St. Louis

Place of Burial No. Adams

Cemetery Lot or Grave No. So View

" Section No.

Services at Comstock's Chapel

Time of Services 2 P.M. Feb 6

Date of Burial Feb 6

Officiating Clergyman Rev. Mr. Genish

Number of Casket, or Coffin 13 B.C. Size 6/6 Maker Flood \$

Lining White Pillow Handles Nickel

Plate Sil How Engraved

Number of Robe Wool Suit Color

Outside Case Pine Plate Engraved Delivered to

Body Preserved with White Mag. Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf

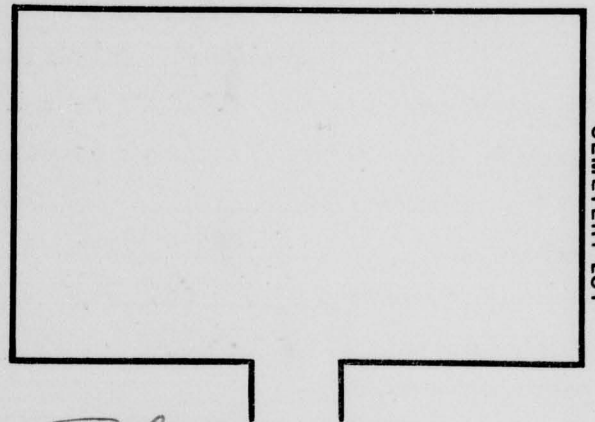
Hearse to Tomb Cemetery, City Call or R. R. Depot

Number Coaches to 4 " " " " "

Porters

Advertised in Blair's

Mark position of Grave on Lot in Red thus: 
" " " Monument on Lot thus: 
" " " other Graves and points of Compass
on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 12John CoatesTo Date 16Date of Death H Feb 13 19 12Color White

Age

Years 44Months 11Days 11Full Name John Coates

Single

Married Married

Widowed

Last Place of Residence No. AdamStreet Houghton No. 211Occupation WeaverSex MaleBirthplace, or if Foreign Born Roxbury Mass.Father's Name David CoatesBirthplace GermanyMother's Ellen HigginsBirthplace IrelandChief Cause of Death Put Typhoid

Contributing Cause

Attending Physician Dr. CurranResidence Eagle StPlace of Burial Cohoes N. Y.

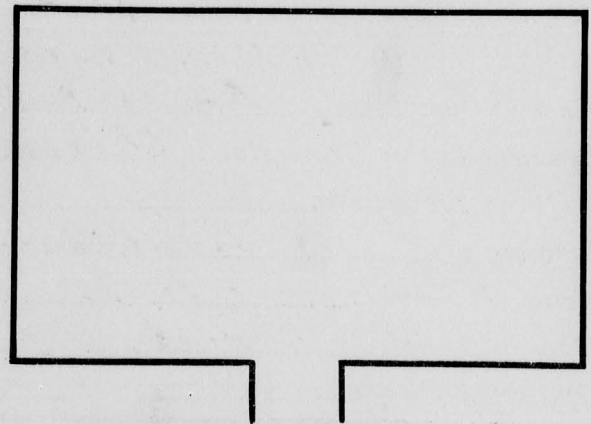
Cemetery Lot or Grave No.

Section No.

Services at CohoesTime of Services Feb 15Date of Burial Feb 15

Officiating Clergyman

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin 171Size 6/6Maker National \$Lining White SilkPillow White SilkHandles 1000 Sil EstPlate Q SHow Engraved Name

Number of Robe

Color Black B COutside Case ChestnutPlate Engraved Hand Script

Delivered to

Body Preserved with Esco Race

Washing, Dressing and Shaving

Use 2 Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape Grey

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to Depot

Cemetery, City Call or R. R. Depot

Number Coaches to 2

Porters

Advertised in Blair's

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 12 Agnes M^c Kay To Date 17
 Date of Death Feb. 14 19 12 Color White Age _____
 { Years 6
 Months 7
 Days _____
 Full Name Agnes M^c Kay { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Potts Place No. 5
 Occupation None Sex female
 Birthplace, or if Foreign Born England Birthplace England
 Father's Name Francis M^c Kay " "
 Mother's " Margaret Ryan " "
 Chief Cause of Death Leipthemia Contributing Cause _____
 Attending Physician Dr. Geo E. Curran
 " " Residence Eagle St
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph's 1st lot 199
 " Section No. P. Ryan's lot
 Services at None
 Time of Services _____
 Date of Burial Feb. 15 '12
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: " ⊕
 " " other Graves and points of Compass on Lot, when necessary, in Black.

P Ryan
199

CEMETERY LOT

Number of Casket or Coffin # 5 Size 4/6 Maker Florence \$
 Lining White Pillow _____ Handles Sil
 Plate Blue Harding How Engraved _____
 Number of Robe _____ Color White
 Outside Case None Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra 3 light Candles _____
 Removing Remains _____ Crape White Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St. Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to 3 " " " " _____
 Porters _____

Advertised in Blair's

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 12 _____ Edward Fitzpatrick _____ To Date 24 _____

Date of Death Mar 12 19 12 Color _____ Age _____
 { Years 23
 Months _____
 Days 28

Full Name Edward Fitzpatrick { Single _____
 Married _____
 Widowed _____

Last Place of Residence Greylock Street State Road No. 656

Occupation Mulespinner Sex Male

Birthplace, or if Foreign Born Fall River Mass.

Father's Name Abel Fitzpatrick Birthplace England

Mother's " Maria Smith " " "

Chief Cause of Death Killed on B & M R. R. Contributing Cause _____

Attending Physician A. Brown M.D. Egan

" " Residence _____

Place of Burial No. Adams

Cemetery Lot or Grave No. So Union

" Section No. _____

Services at _____

Time of Services _____

Date of Burial Mar 16

Officiating Clergyman _____

Number of Casket or Coffin 222 Int Oak Size 6/0 Maker National \$ _____

Lining White Silk Pillow _____ Handles Vet Bronze

Plate Vet Bronze How Engraved _____

Number of Robe _____ Color Black

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Esco Rico Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to Funb Cemetery, City Call or R. R. Depot _____

Number Coaches to _____ " " " " " "

Porters _____

Advertised in Sp. Times

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19. 12

To Date 27

Date of Death

May 20 1912

Color

white

Age

 Years 33
 Months
 Days

Full Name

Edward Perero

Single

Married

Widowed

Married

Last Place of Residence

No Adams

Street

Cady

No

85

Occupation

Ironworker

Sex

Male

Birthplace, or if Foreign Born

New York City

Father's Name

Herman Perero

Birthplace

Cuba

Mother's

Carmen Perero

Chief Cause of Death

Acute dilatation of heart

Contributing Cause

Attending Physician

Dr. E. F. Sullivan

"

"

Residence

Main

Place of Burial

Brooklyn N.Y.

Cemetery Lot or Grave No.

"

"

Section No.

Brooklyn

Services at

Brooklyn

Time of Services

Sunday Mar. 24 12

Date of Burial

Mar. 24

Officiating Clergyman

Number of Casket or Coffin

17/2 Oak

Size

Maker

National

Lining

White Satin

Pillow

Handles

Sil Ext

Plate

Sil

How Engraved

Name

Number of Robe

Color

Black B.C.

Outside Case

Cherub

Plate Engraved

Delivered to

Body Preserved with

Eco. Peco

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Depot

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

Lailis

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
William Carbine

Total No.
To Date 28

Date of Death April 1 1912 Color White Age 51 Years 51
Months
Days

Full Name William Carbine Single
Married
Widowed Widowed

Last Place of Residence No. Adams Street 88 Eagle No.

Occupation Moulder Sex

Birthplace, or if Foreign Born Cambridge N. Y.

Father's Name Birthplace

Mother's " "

Chief Cause of Death Tuberculosis Pulmonalis Contributing Cause

Attending Physician Dr. Bushnell

" " Residence Ashland

Place of Burial Schenectady N. Y.

Cemetery Lot or Grave No. St John's

" Section No.

Services at St Francis

Time of Services 8:45 A. M. Apr. 3

Date of Burial Apr. 3 1912

Officiating Clergyman Rev. Murphy

Number of Casket or Coffin Solid Chestnut Size 6/0 Maker Filade Co. \$

Lining White Silk Pillow Handles U. S. opt

Plate A. S. How Engraved Name

Number of Robe Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Race Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hipot Cemetery, City Call or R. R. Depot

Number Coaches to 4 & 3 seats " " " "

Porters

Advertised in Trailers

Mark position of Grave on Lot in Red thus:
" Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19

To Date

Date of Death

1912

Color

Age

Years

Months

Days

Full Name

Single

Married

Widowed

Last Place of Residence

Street

No.

Occupation

Sex

Birthplace, or if Foreign Born

Birthplace

Father's Name

Mother's

Chief Cause of Death

Contributing Cause

Attending Physician

"

"

Residence

Place of Burial

Cemetery Lot or Grave No.

"

Section No.

Services at

Time of Services

Date of Burial

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

Size

Maker

\$

Lining

Pillow

Handles

Plate

How Engraved

Number of Robe

Color

Outside Case

Plate Engraved

Delivered to

Body Preserved with

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...12

Alfred Ladouceur.

To Date.....

Date of Death..... Apr. 7 1912.....

Color white

Age

(Years... 51.....

Months

Days.

Full Name..... Alfred Ladner.

Single.....Single

Married.

Widowed

Last Place of Residence *No. Adams, Fitzgerald Street* *Centr.* *No.*

Occupation Landowner SS Sex Male

Birthplace, or if Foreign Born.....Canada

Father's Name Unknown Birthplace

Mother's “

Chief Cause of Death.....Nephritis.....Contributing Cause

Attending Physician..... H. Crofts.

Residence.....Main

Place of Burial..... No. Adams

Cemetery Lot or Grave No. So. View

Section No. 1077 P.

Services at Nash, Maine

Time of Services..... 9:30 A. M.

Date of Burial..... Apr. 10 '32

Officiating Clergyman.....*Rev. Sumard*

Mark position of Grave on Lot in Red thus: ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin..... 6/4 Crape coffin Size 6/4 Maker Florence

Lining White Pillow White Handles Chestnut

Plate.....How Engraved.

Number of Robe.....*Green*.....Suit.....Color.....

Outside Case.....Pine.....Plate Engraved.....Delivered to.....

Body Preserved with..... Esco Raw Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....*Crape*.....*Gloves*.....

Cemetery Expenses.....Church Expenses.....Linen Scarf

Hearse to.....So. View.....Cemetery, City Call or R. R. Depot

Number Coaches to..... " " " " "

Porters

Advertised in.....*Chailies*

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....12.....

To Date.....32

Date of Death.....April 23.....1912.....

Color White Age 3 } Years.....
Months.....
Days 3

Full Name.....Josephine Tsing.....

Last Place of Residence No. Adams Street State Rd. No.

Occupation None Sex Female

Birthplace, or if Foreign Born, No. Adams 10

Father's Name Harvey King Birthplace Greenville S. C.

Mother's " Josephine Collins " No. Adams -

Chief Cause of Death Said Labor at Time of Birth Contributing Cause

Attending Physician H. H. Stoddard

Residence No. 1 Adams

Place of Burial No. Adams

Cemetery Lot or Grave No. St Joseph

Section No. 11

Services at.....None

Time of Services.....

Date of Burial.....

Officiating Clergyman.....

Number of Casket or Coffin P. K. Co. Size 11 Maker Bristol \$

Lining White Pillow 7 Handles —

Plate.....	How Engraved.....
1.....	
2.....	
3.....	
4.....	
5.....	
6.....	
7.....	
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9.....	
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97.....	
98.....	
99.....	
100.....	

<i>Number of Robe.....Color.....</i>	
--------------------------------------	--

Outside Case.....Plate Engraved.....Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use.....	Doz. Chairs.....	Draperies.....	Candelabra.....	Candles.....	
----------	------------------	----------------	-----------------	--------------	--

<i>Removing Remains</i>	<i>Crape</i>	<i>Gloves</i>
-------------------------------	--------------------	---------------------

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
------------------------	----------------------	------------------	--

Hearse to.....Cemetery, City Hall or R. R. Depot.....

Number Coaches to.....Name..... " " " " ".....

Porters.....		
--------------	--	--

Advertised in Klaehn

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Margaret Cullinan

Total No.
To Date 33

Date of Death Apr 24 1912 Color White Age 56 ⁵
 { Years 56
 Months
 Days

Full Name Margaret Cullinan { Single
 Married
 Widowed Widowed

Last Place of Residence No. Adams Street Wid No. 285

Occupation At Home Sex Female

Birthplace, or if Foreign Born Williamstown Pa. Birthplace

Father's Name " " " "

Mother's " " " "

Chief Cause of Death Epilepsy Contributing Cause

Attending Physician Dr. H. Brown M.D.

" " Residence No. Adams

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No. St. Francis

Services at St. Francis

Time of Services 9 A.M. May 26

Date of Burial May 26

Officiating Clergyman

Number of Casket or Coffin 3 1/2 Size 5/9 Maker National

Lining White Silk Pillow Lib Sat Handles

Plate Silk How Engraved Name

Number of Robe Wool dress Color Black

Outside Case None Plate Engraved Delivered to

Body Preserved with Esco-Raco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 3 " " " "

Porters

Advertised in Laurel

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 12 _____ Mary E Loftus To Date 24 _____
 Date of Death May 13 19 12 Color White Age _____ { Years 23
 Months 10
 Days 21
 Full Name Mary E Loftus { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Marshall No. 64
 Occupation Print Works Sex female
 Birthplace, or if Foreign Born No. Adams
 Father's Name Anthony Loftus Birthplace Ireland
 Mother's " Mary Foster " "
 Chief Cause of Death _____ Contributing Cause _____
 Attending Physician Wm. M. Brown
 " " Residence Main
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View Row 2
 " Section No. Grave # 4 lot 86
 Services at St. Francis
 Time of Services 9 A. M. May 15
 Date of Burial May 15
 Officiating Clergyman Rev. Murphy

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin Sil. Guy Plush Size 57 1/2 Maker Maiselli \$ _____
 Lining White Silk Pillow White Silk Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Chun dress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Esco Race Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 7 " " " " _____
 Porters _____
 Advertised in Clarion

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of

Total No.
To Date 35Date of Death May 25 19 12Color White Age 10 Years 10 Months 12 Days

Full Name

John HrobiakSingle Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Union St No 385

Occupation

None

Sex

Male

Birthplace, or if Foreign Born

No. Adams

Father's Name

John Hrobiak

Birthplace

Austria

Mother's

Chief Cause of Death

Probably Bronchitis

Contributing Cause

Attending Physician

Dr. J. Brown M.D.

Residence

No. Adams

Place of Burial

No. Adams

Cemetery Lot or Grave No.

No. Adams

Section No.

Services at

None

Time of Services

"

Date of Burial

May 26

Officiating Clergyman

Number of Casket or Coffin

P.N. Sq.Size 2/3

Maker

Bristol

\$

Lining

White

Pillow

Handles

Lamb

Plate

Blue Marling

How Engraved

Number of Robe

Color

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

Wachus

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1912

Record of the Funeral of
Belina LaFountain

Total No.
To Date 38

Date of Death June 8 1912 Color White Age { Years Months Days 22

Full Name Belina LaFountain { Single Single Married Widowed

Last Place of Residence No. Adams Street Ballou No. 5

Occupation None Sex

Birthplace, or if Foreign Born No. Adams

Father's Name William LaFountain Birthplace Albany N. Y.

Mother's " Belina Dubois " No. Adams Mass

Chief Cause of Death Contributing Cause

Attending Physician Dr. Curran

" " Residence Eagle St

Place of Burial No. Adams

Cemetery Lot or Grave No. 80. View

" Section No.

Services at

Time of Services

Date of Burial June 10 12

Officiating Clergyman

Number of Casket or Coffin 5 Size 2/0 Maker Florence \$

Lining White Pillow Handles

Plate Burial How Engraved

Number of Robe Color

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Fluid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to three " " " " "

Porters

CEMETERY LOT

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 1912.....

Record of the Funeral of

Total No.

To Date.....46.....

Date of Death: July 8 1912

Color.....*White*.....Age.....

{ Years.....49.....12
 { Months.....
 { Days.....

Full Name Joseph Valletta

{ Single.....
 { Married. *Married*
 { Widowed.....

Last Place of Residence.....Florida Mass.

Street.....No.....

Occupation..... Farmer.

Sex Male

Birthplace, or if Foreign Born.....France

Father's Name.....Birthplace.....

Mother's “

Chief Cause of Death..... Abdominal dropsy Contributing Cause

Attending Physician.....*Dr. Brossain*

“ “ Residence..... No. Adams

Place of Burial.....Hampury Conn

Cemetery Lot or Grave No. 1

Section No.

Services at.....Hambury.

Time of Services..... 1/1

Date of Burial..... April 14 1912

Officiating Clergyman.

Mark position of Grave on Lot in Red thus: ☐
 " " " Monument on Lot thus: ☐
 " " " other Graves and points of Com
 on Lot, when necessary, in Black

CEMETERY LOT

Number of Casket or Coffin..... 222 ^{Int} ^{Var} Size 6/

Maker.....Nat.....

.\$

Lining.....White Sateen Pillow

Handles... *U*... *Sil*

Plate..... *U. 8. 11* How Engraved.

Number of Robe... 4 ... Color... Black

Outside Case.....*6 figs.*.....Plate Engraved.....Delivered to.....

Body Preserved with.....Especo Raco.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf..

Hearse to..... Cemetery, City Call or R. R. Depot.

Number Coaches to..... " " " " "

Porters.

Advertised in.....*Harlies*

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Mary Flaherty

Total No.
To Date 48

Date of Death July 12 - 1912 Color White Age 70 ¹⁴
 { Years 70
 Months
 Days

Full Name Mary Flaherty { Single
 Married Married
 Widowed

Last Place of Residence No. Adams Street Cent No.
 Occupation Housewife Sex Female
 Birthplace, or if Foreign Born Ireland

Father's Name John F. Fennigan Birthplace Ireland
 Mother's Sabine Burke

Chief Cause of Death Heart Stroke Contributing Cause
 Attending Physician Dr. Geo. Fagan
 " " Residence Main

Place of Burial Hillside
 Cemetery Lot or Grave No.
 " Section No.

Services at St. Francis
 Time of Services 9 A. M. July 15/12
 Date of Burial July 12/12
 Officiating Clergyman Rev. J. Murphy

Number of Casket or Coffin 3200 Size 6/6 Maker National
 Lining White Pillow Q. Sil Handles Q. Sil
 Plate Q. Sil How Engraved
 Number of Robe 1 Color Brown made by Sisters
 Outside Case Chest Plate Engraved Delivered to
 Body Preserved with Esco Raco Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains 300 Crape Gloves
 Cemetery Expenses 300 Church Expenses Linen Scarf
 Hearse to Hillside Cemetery, City Call or R. R. Depot
 Number Coaches to 6 & 3 seats " " " "
 Porters

Advertised in Mail

Mark position of Grave on Lot in Red thus
 " " Monument on Lot thus
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Ruth Mary Hassett

Total No. 49
To Date

Date of Death July 14 19 12 Color White Age 24 ^{Years} 7 ^{Months} 3 ^{Days}

Full Name Ruth M. Hassett { Single Single
Married
Widowed

Last Place of Residence No. Adams Street Millard St No. 10

Occupation At Home Sex female

Birthplace, or if Foreign Born Stafford Ct

Father's Name George Hassett Birthplace Stafford Ct

Mother's " Mary A. Rooney " Pittsfield Mass

Chief Cause of Death Pneumonia Contributing Cause

Attending Physician Dr. Geo. C. Cusack

" " Residence Eagle St

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No. St. Francis

Services at St. Francis

Time of Services 9 A. M. July 16

Date of Burial July 16

Officiating Clergyman

Number of Casket or Coffin 5 Size 5/7 Maker Boyerlow

Lining White Silk Pillow Same Handles 8

Plate Sil How Engraved Name

Number of Robe Blue Color

Outside Case Prize Plate Engraved Delivered to

Body Preserved with Esco-Rao Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 3 " " " " "

Porters

Advertised in Mailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Josephine Joseph

Total No.
To Date 59

Date of Death Aug 3 19 12 Color White Age 3 Years 3 Months 2 Days 2

Full Name Josephine Joseph Single Single Married Married Widowed Widowed

Last Place of Residence No. Adams Street Holden No. 77 Rear

Occupation None Sex Female

Birthplace, or if Foreign Born No. Adams

Father's Name William Joseph Birthplace Syria

Mother's Mary Carey Birthplace "

Chief Cause of Death Childhood Infection Contributing Cause "

Attending Physician Dr. H. F. M. Heath

" " Residence Holden

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No. None

Services at None

Time of Services "

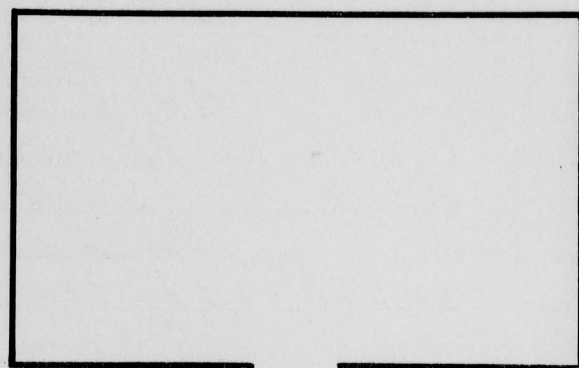
Date of Burial Aug 4 3 PM

Officiating Clergyman "

Mark position of Grave on Lot in Red thus: ☒ ☐

" " Monument on Lot thus: ☐ ☐

" " other Graves and points of Compass on Lot, when necessary, in Black.



Number of Casket or Coffin P.K. coffin Size 2 1/3 Maker Boyetown

Lining White Pillow None Handles Leath

Plate W. H. Harding How Engraved "

Number of Robe 1 Color "

Outside Case None Plate Engraved " Delivered to "

Body Preserved with Fluid Washing, Dressing and Shaving "

Use Doz. Chairs Draperies " Candelabra " Candles "

Removing Remains " Crape " Gloves "

Cemetery Expenses " Church Expenses " Linen Scarf "

Hearse to " Cemetery, City Call or R. R. Depot "

Number Coaches to One " " " " " " " "

Porters "

Advertised in Mail

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Harry L Jones

Total No.
To Date 60

Date of Death Aug 5 19 12 Color White Age { Year 27
Months 5
Days 15

Full Name Harry L Jones { Single Single
Married
Widowed

Last Place of Residence No. Adams Street Houghton No 380

Occupation Print Works employee Sex Male

Birthplace, or if Foreign Born Clarkston, Mass. Birthplace Williamstown

Father's Name Charles A Jones " " " "

Mother's " Jennie Rich " " " "

Chief Cause of Death Organic heart disease Contributing Cause

Attending Physician Chas. A. Brown, M.D., E.

" " Residence Church

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No.

Services at Home

Time of Services 2 P.M., Aug 8, 12

Date of Burial Aug 8, 12

Officiating Clergyman Rev. Mr. Gerrish

Number of Casket or Coffin 3115 R. 20 Size 5 1/2 Maker National \$

Lining White Silk Pillow White Silk Handles White Sil

Plate White Sil How Engraved Name

Number of Robe Black Color Black

Outside Case None Plate Engraved Delivered to

Body Preserved with Esco Raco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Grey Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 5 " " " " " "

Porters

Advertised in Clailies

Mark position of Grave on Lot in Red thus: ☒
" " Monument on Lot thus: ☐
" " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for 12
 Year 19 12
 Date of Death Aug. 10 1912
 Full Name Frederick E. Burnash
 Last Place of Residence No. Adams
 Occupation None
 Birthplace, or if Foreign Born Pittsfield
 Father's Name Ernest Burnash
 Mother's Name Nina M. Morse
 Chief Cause of Death Cholera Infantum
 Attending Physician Dr. Riley
 Residence Main
 Place of Burial No. Adams
 Cemetery Lot or Grave No. 861 P So View
 Section No. Free
 Services at None
 Time of Services
 Date of Burial Aug 11
 Officiating Clergyman
 Number of Casket or Coffin P.K. coffin Size 2 1/3
 Lining White Pillow
 Plate Am. Harling How Engraved Stamped
 Number of Robe Burn dress Color white
 Outside Case Pine Plate Engraved
 Body Preserved with Fridgid Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape white Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to Cemetery, City Call or R. R. Depot
 Number Coaches to One
 Porters
 Advertised in Dailies

Total No.

To Date 62

Years

Months 19

Days 23

Single

Married

Widowed

Street State

No 353

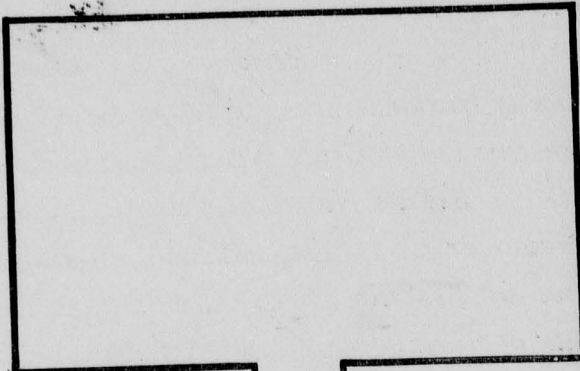
Sex Male

Birthplace

Ridgely N.Y.
Williamstown

Contributing Cause

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Maker

Boyerlows

Handles

Hunt

Delivered to

Candles

Crape

white

Gloves

Linen Scarf

Cemetery, City Call or R. R. Depot

" " " " " "

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Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.12

Beatrice Belanger

To Date 63

Date of Death

Aug 10 1912

Color

White

Age

Years 3

Months 11

Days 16

Full Name

Beatrice Belanger

Single Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Temple

No. 10

Occupation

None

Sex

female

Birthplace, or if Foreign Born

No. Adams

Father's Name

Wilbur Belanger

Birthplace

Can.

Mother's

Arminia Belanger

Chief Cause of Death

Priestitis & Necrosis of left Tibia

Contributing Cause

Attending Physician

H. B. Biquine

"

"

Residence

Main St

Place of Burial

No. Adams

Cemetery Lot or Grave No.

So. View

"

Section No.

No. 62, 581 Grave #2

Services at

Prayer at grave

Time of Services

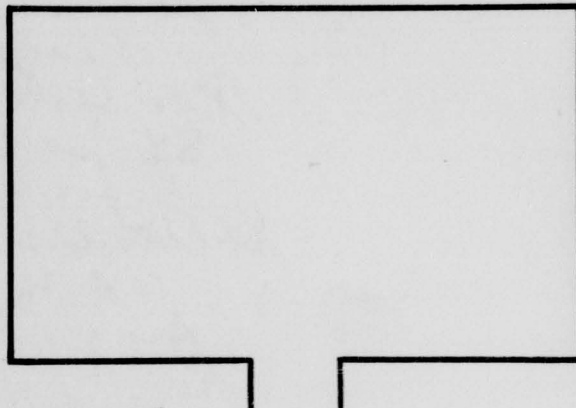
Date of Burial

Aug 12 - 1912

Officiating Clergyman

none

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Number of Casket or Coffin

#4 P. K. 29, Size 3/3

Maker

Flower

Lining

White

Pillow

Handles

Cedar

Plate

O.D.

How Engraved

stamped

Number of Robe

even

Color

White silk

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Ever Rest

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

\$2.00

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

Darius

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____
 Year 19 12

Record of the Funeral of Jeremiah Crowley

Total No. _____
 To Date 64

Date of Death Aug 13th 19 12 Color White Age 80 } Years _____
 Months _____
 Days _____

Full Name Jeremiah Crowley { Single _____
 Married married
 Widowed _____

Last Place of Residence Williamstown Street _____ No. _____
 Occupation Gardner Farmer Sex male

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Dennis Crowley " Ireland

Mother's " Margaret Hasan " Ireland

Chief Cause of Death acute nephritis Contributing Cause _____

Attending Physician M. M. Brown

" " Residence Wesleyan St.

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No. Grave # 13

Services at St. Patrick's W. Astor

Time of Services 10 A. M.

Date of Burial Aug 15th 12

Officiating Clergyman Rev. T. Tuhan

Number of Casket or Coffin 332 Size 6/6 Maker National \$ _____

Lining White Satin Pillow White Satin Handles 11 Sil Ext.

Plate Q Sil How Engraved Name

Number of Robe _____ Color Black B. G.

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Esco. Raso Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot _____

Number Coaches to 7 " " " " " _____

Porters _____

Advertised in Mailies

CEMETERY LOT

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1912

To Date 66

Date of Death Aug 14 1912

Color white

Age

Years 3

Months

Days

Full Name

Loretta Mondie

Single

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Moulton Hill

No. 2

Occupation

None

Sex

female

Birthplace, or if Foreign Born

No. Adams

Father's Name

Gomnick Mondie

Birthplace

Italy

Mother's

Mary Gocofis

Chief Cause of Death

Val. Disease of heart

Contributing Cause

Attending Physician

Dr. J. J. Brown

"

"

Residence

C. Bush

Place of Burial

No. Adams

Cemetery Lot or Grave No.

S. View

"

Section No.

Tree 862 P

Services at

St. Anthony's

Time of Services

2:30 Aug 15

Date of Burial

Aug 15 1912

Officiating Clergyman

Rev. L. L. Longza

Number of Casket or Coffin

#4 P. R.

Size 3

Maker

Florence

\$

Lining

white

Pillow

Handles

Leam

Plate

Clay Darling How Engraved

Number of Robe

Cun dress

Color

white

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Fudgil

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

W. Heise & Co.

Cemetery, City Call or R. R. Depot

Number Coaches to

4

Porters

Advertised in

L. O. L. L.

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Catharine Canavan

Total No.
To Date 68

Date of Death Aug. 23 19 12 Color White Age 20 ^{Years} 26 ^{Months} 26 ^{Days}

Full Name Catharine Canavan { Single Single
Married
Widowed

Last Place of Residence No. Adams Street Ballow No. 8

Occupation Print works employee Sex female

Birthplace, or if Foreign Born No. Adams Birthplace Ireland

Father's Name John Canavan Mother's Mrs. Ginn

Chief Cause of Death Pul. Tuberculosis Contributing Cause

Attending Physician Dr. Geo. Curran

Residence Eagle St

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

Section No. St. Francis Church

Services at St. Francis Church

Time of Services 9 A. M. Aug. 26

Date of Burial Aug. 26

Officiating Clergyman Rev. Wabbe

Number of Casket or Coffin R. H. & Co. Comb. Size 5 1/2 Maker Florence \$

Lining White Pillow — Handles Sil

Plate Sil How Engraved Name

Number of Robe White Cash Color

Outside Case Pine Plate Engraved — Delivered to

Body Preserved with Esco, Roco Washing, Dressing and Shaving

Use Doz. Chairs Draperies — Candelabra Best Candles

Removing Remains — Crape — Gloves

Cemetery Expenses — Church Expenses — Linen Scarf

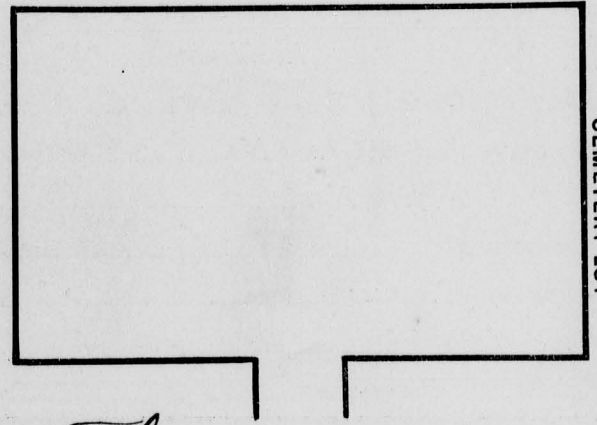
Hearse to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 5

Porters

Advertised in Clarion

Mark position of Grave on Lot in Red thus
" " Monument on Lot thus
" " " other Graves and points of Compass
on Lot, when necessary, in Black



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1912

Record of the Funeral of
Patrick Clossy

Total No.
To Date 7.0

Date of Death Aug 27 1912 Color White Age { Years 71 Months Days

Full Name Patrick Clossy { Single Married Married Widowed

Last Place of Residence No. Adams Street Union No. 448

Occupation Tailor Sex Male

Birthplace, or if Foreign Born Ireland

Father's Name Unknown Birthplace Ireland

Mother's " " " "

Chief Cause of Death Probably Cerebral Apoplexy Contributing Cause

Attending Physician Mr. W. J. Brown M. E.

" " Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No. St. Francis

Services at 9 A. M. Aug 29 12

Time of Services Aug 29 12

Date of Burial Aug 29 12

Officiating Clergyman Rev. Walsh

Number of Casket or Coffin # 62 Size 5/9 Maker Florence \$

Lining White Pillow Handles Sil & Sat

Plate Sil How Engraved Name

Number of Robe One Suit Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Exo Raco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 4 " " " " "

Porters

Advertised in Mailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 31 2 Edward George To Date 78
 Date of Death Sept 4 19 12 Color White Age 4 Years 4 Months 3 Days 3
 Full Name Edward George Single Single Married _____ Widowed _____
 Last Place of Residence No Adams Street W Main No. 15
 Occupation None Sex _____
 Birthplace, or if Foreign Born No Adams
 Father's Name Ellis George Birthplace Syria
 Mother's Sarah Joseph
 Chief Cause of Death Gravitation Contributing Cause Automobile accident
 Attending Physician Dr. A. J. Brown M. D.
 " " Residence Main
 Place of Burial No Adams
 Cemetery Lot or Grave No. St Joseph's
 " Section No. Syria S E Cent 1
 Services at St Francis
 Time of Services 11 A M Sept 6
 Date of Burial Sept 6 '12
 Officiating Clergyman Rev. Sullivan

Mark position of Grave on Lot in Red thus: ☐ ☒ ☐
 " " Monument on Lot thus: ☐ ☒ ☐
 " " other Graves and points of Compass on Lot, when necessary, in Black

Number of Casket or Coffin # 53 Size 3/3 Maker Floume \$ _____
 Lining White Silk Pillow Silk Handles Silk & Satin
 Plate Black Engraving How Engraved Name Stamped
 Number of Robe Green Silk Color White
 Outside Case Chest Plate Engraved _____ Delivered to _____
 Body Preserved with Natural Washing, Dressing and Shaving _____
 Use 6 Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to W. St Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to 22 " " " " " _____
 Porters _____
 Advertised in Mailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 12Louisa GiuffraTo Date 75Date of Death Sept 11 1912Color white Age 68
 Years 68
 Months 00
 Days 11

Full Name

Louisa Giuffra

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

StateNo. 65

Occupation

None

Sex

female

Birthplace, or if Foreign Born

Italy

Father's Name

Gaspare Giuffra

Birthplace

Italy

Mother's

Catherine Giuffra

Chief Cause of Death

Kidney trouble

Contributing Cause

Attending Physician

Dr. Stafford

"

"

Residence

Place of Burial

No. Adams

Cemetery Lot or Grave No.

St. Joseph

"

Section No.

Services at

St. Anthony's

Time of Services

1:30 P.M. Sept 13

Date of Burial

Sept 13

Officiating Clergyman

Rev. Lottanza

Number of Casket or Coffin

3200

Size

1/2

Maker

National

\$

Lining

White Silk

Pillow

Handles

Sil. & Satin

Plate

Sil

How Engraved

Name

Number of Robe

Color

Black Cash extra size

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Lairo

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

St. Joseph's

Cemetery, City Call or R. R. Depot

Number Coaches to

14

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 12 _____ Anne M^{rs} Hugo _____ To Date 7/7 _____
 Date of Death Sept 14 1912 _____ Color White Age _____
 { Years 50 30
 Months _____
 Days _____

Full Name Anne M^{rs} Hugo { Single _____
 Married Married
 Widowed _____

Last Place of Residence No. Adams Street Mill No. _____

Occupation House wife Sex female

Birthplace, or if Foreign Born Ireland

Father's Name James Fitzgibbons Birthplace Ireland

Mother's Margaret Green

Chief Cause of Death Tuberculosis Peritonitis Contributing Cause _____

Attending Physician Mr. Galvin

" " Residence Blackington

Place of Burial Williamstown

Cemetery Lot or Grave No. East Lawn

" Section No. _____

Services at St. Patrick's

Time of Services 9 A.M.

Date of Burial Sept. 16 12

Officiating Clergyman Rev. Trehaw.

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 3200 Size 5/9 Maker Nat. \$ _____

Lining White Silk Pillow _____ Handles Elm & Sil

Plate 6 x Sil How Engraved Name

Number of Robe _____ Color Black Cash.

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Karbrock Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to Williamstown Cemetery, City Call or R. R. Depot _____

Number Coaches to 7 " " " " _____

Porters _____

Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 12 _____ Salma Abbott To Date 79
 Date of Death Sept 17 19 12 Color White Age _____
 { Years 17
 Months 11
 Days 5
 Full Name Salma Abbott { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Reg. Union No. 388
 Occupation Student Sex female
 Birthplace, or if Foreign Born Egypt
 Father's Name Elias Abbott Birthplace Syria
 Mother's " Elizabeth Honoured "
 Chief Cause of Death Pertussis Anemia Contributing Cause _____
 Attending Physician Dr. Curran
 " " Residence Eagle St
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St Joseph's
 " Section No. Syrian
 Services at St Francis
 Time of Services 2 P. M. Sept 19
 Date of Burial Sept 19 1912
 Officiating Clergyman Rev. Sullivan

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin P.K. Coffin Size 5 1/2 Maker Flouner \$ _____
 Lining White Pillow _____ Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Chondress Color White
 Outside Case Pine Plate Engraved Name Delivered to _____
 Body Preserved with Can Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " _____
 Porters _____
 Advertised in Mail

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1912

Record of the Funeral of
James Nolan

Total No.
To Date 80

Date of Death Sept 20 1912 Color White Age 85
Year 85
Months
Days

Full Name James Nolan { Single
Married
Widowed Widowed

Last Place of Residence N. Adams Street Lincoln No. 10

Occupation Carpenter Sex Male

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Peter Nolan " "

Mother's " Mrs. Manning " "

Chief Cause of Death General Softening Contributing Cause

Attending Physician Dr. Geo. Curran

" " Residence Eagle St

Place of Burial Waterville N.Y.

Cemetery Lot or Grave No.

" Section No.

Services at St Francis

Time of Services 8 AM Sept 22

Date of Burial Sept 22 12

Officiating Clergyman Rev.

Number of Casket or Coffin 2048 Size 6/8 Maker Flournoy

Lining White Satin Pillow Old Sil Handles Old Sil

Plate Old Sil How Engraved

Number of Robe 1 Color

Outside Case Chest Plate Engraved Delivered to

Body Preserved with Cauia Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Flowers Blue Ribbon Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Depot Cemetery, City Call or R. R. Depot

Number Coaches to 2 " " " " " "

Porters

Advertised in Herald

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Elizabeth Little

Total No. 81
To Date

Date of Death Sept 21/12 Color white Age 66 ^{Years} 66 ^{Months} 58 ^{Days}

Full Name Elizabeth Little { Single
Married
Widowed Widowed

Last Place of Residence City Farm Street No.

Occupation House work Sex female

Birthplace, or if Foreign Born Scotland

Father's Name Thorne Birthplace

Mother's " " " "

Chief Cause of Death Alcoholism, accidental Contributing Cause

Attending Physician Mr. J. Brown M.D.

" " Residence

Place of Burial St. Adams

Cemetery Lot or Grave No. 50 View

" Section No. Flat

Services at Consistory Parlor

Time of Services 2:30 PM Sept 23

Date of Burial Sept 23

Officiating Clergyman Rev. Bugfield

Number of Casket or Coffin 110 crape Size 6/6 Maker Florence

Lining white Pillow Sil Handles Sil

Plate Sil How Engraved Name

Number of Robes 0 Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Mullum Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Adams Cemetery, City Call or R. R. Depot

Number Coaches to One " " " " " "

Porters

Advertised in Herald

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1912

Total No.
To Date 83

Date of Death Sept 25 1912 Color white Age } Years 17-
Months
Days

Full Name Anna M Reidy { Single Single
Married
Widowed

Last Place of Residence Adams Mass, Street No.

Occupation Sex female

Birthplace, or if Foreign Born Lenox Birthplace Ireland

Father's Name Peter Reidy Mother's Elizabeth Kirby

Chief Cause of Death Pul Tuberculosis Contributing Cause

Attending Physician J. H. Bushnell

" " Residence

Place of Burial Lenox Mass

Cemetery Lot or Grave No. St Anne's

" Section No.

Services at Lenox

Time of Services

Date of Burial

Officiating Clergyman

Number of Casket or Coffin Pine box Size Maker \$

Lining Pillow Handles

Plate How Engraved

Number of Robe Color

Outside Case Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to " " " " "

Porters

Advertised in

CEMETERY LOT

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19

To Date 84

Date of Death

Oct 3rd 1912

Color

White

Age

92

Years

Months

Days

Full Name

Ellen C. Lewis

Single

Married

Widowed

Last Place of Residence

South State St

Street

So. State

No.

Occupation

Housewife

Sex

Female

Birthplace, or if Foreign Born

Chestertown

Father's Name

Benjamin Cleveland

Birthplace

Johnsbury, N. J.

Mother's

Phyllida A. King

"

Fairfield, Vt.

Chief Cause of Death

Cancer of Uterus

Contributing Cause

Attending Physician

Dr. Sullivan

"

"

Residence

Main

Place of Burial

No. Adams

Cemetery Lot or Grave No.

So. View

"

Section No.

Flat

Services at

St. Francis

Time of Services

9 A.M. Oct 5, 1912

Date of Burial

Oct 5, 1912

Officiating Clergyman

Rev. Sullivan

Mark position of Grave on Lot in Red thus:

" " Monument on Lot thus:

" " other Graves and points of Compass

on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

62

Size 5/7

Maker

F. Lawrence

\$

Lining

White

Pillow

Handles

Ch

Plate

Ch

How Engraved

None

Number of Robe

Gundress

Color

White

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Esco

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Best

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

So. View

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

Harris

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19

To Date

Date of Death

1911

Color

Age

Years

Months

Days

Full Name

Single

Married

Widowed

Last Place of Residence

Street

No.

Occupation

Sex

Birthplace, or if Foreign Born

Father's Name

Birthplace

Mother's

Chief Cause of Death

Contributing Cause

Attending Physician

"

"

Residence

Place of Burial

Cemetery Lot or Grave No.

"

Section No.

Services at

Time of Services

Date of Burial

Officiating Clergyman

Mark position of Grave on Lot in Red thus:

" Monument on Lot thus:

" " other Graves and points of Compass

on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

Pillow

Maker

Lining

Plate

How Engraved

Number of Robe

Color

Outside Case

Plate Engraved

Delivered to

Body Preserved with

Washing, Dressing and Shaving

Use one Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1912
Date of Death Oct 11 1912
Full Name Male infant of John Klobiack
Last Place of Residence No. Adams
Occupation None
Birthplace, or if Foreign Born No. Adams
Father's Name John Klobiack
Mother's "
Chief Cause of Death Premature birth
Attending Physician Mr. Candy
" " Residence Main
Place of Burial No. Adams
Cemetery Lot or Grave No. So. View Five
" Section No.
Services at
Time of Services
Date of Burial Oct 12 12
Officiating Clergyman

Record of the Funeral of
Total No. 88
To Date
Color
Age
Single
Married
Widowed
Street Union River No. 385
Sex Male
Birthplace
Contributing Cause
Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

Stillborn

CEMETERY LOT

Number of Casket or Coffin P. K. eq Size Maker National \$
Lining White Pillow Handles
Plate How Engraved
Number of Robe Color
Outside Case Plate Engraved Delivered to
Body Preserved with Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to
Porters
Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1912

Record of the Funeral of
Esther Keil

Total No.
To Date 91

Date of Death Oct 14 1912 Color White Age { Years Months Days }
Full Name Esther Keil { Single Married Widowed }
Last Place of Residence No. Adams Street Taft No. 41
Occupation None Sex female
Birthplace, or if Foreign Born No. Adams
Father's Name William Keil Birthplace Albany N. Y.
Mother's Mary Ann Burch Newburyport N. Y.
Chief Cause of Death Hemiplegia Contributing Cause
Attending Physician Dr. Galvin
Residence Blackington St.
Place of Burial So. View
Cemetery Lot or Grave No. So. View 865
Section No. Free
Services at
Time of Services None
Date of Burial Oct 16 1912
Officiating Clergyman
Number of Casket or Coffin 20 P Size 7/8 Maker Miller & Busham
Lining White Pillow Handles Lamb
Plate Blue Marling How Engraved
Number of Robe Color
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Fudg'd Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to 2
Porters
Advertised in Daily

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 19⁰ 12.

Record of the Funeral of

Total No. _____
To Date 92

Date of Death..... Oct 14 1912.

Color white Age 2 } Months 18
Days 18

Full Name

Single Single
Married _____
Widowed _____

Last Place of Residence.....No. Adams.....

Street 1st St No 41

Occupation.....None

Sex *Female*

Birthplace, or if Foreign Born.....*N. Adams*

Father's Name.....William F. Reil

Birthplace, Cebu, P. I.

Mother's " Lucy Anne Rich

" Newburyport Mass.

Chief Cause of Death.....Premature Birth

Contributing Cause.....

Attending Physician.....*Dr. Galvin*

Residence.....Blackington-Mass

Place of Burial..... St. John

Cemetery Lot or Grave No.

“ Section No. 8.651

Services at.....None

Time of Services.....

Date of Burial..... Oct / 6

Officiating Clergyman.....

Number of Casket or Coffin 2 1/2 Size 2 1/2

Size.....2/2

Maker Miller & Luranta

Lining *W. H. L.* Pillows

Handles Lamb

Plate (less 13) be Horse Engraved

Number of Robe.....Color.....

Outside Case Pine Plate Engraved..... Delivered to.....

Body Preserved with.....Formidol.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.....

Hearse to.....Cemetery, City Call or R. R. Depot

Number Coaches to.....2..... " " " " "

Porters.

10.

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Mary Bullett

Total No.
To Date 93

Date of Death Oct 17 19 12 Color White Age 81 ^{Years} 49 ^{Months} ^{Days}

Full Name Mary Bullett { Single Married Widowed Widowed

Last Place of Residence No. Adams Street Walker No.

Occupation None Sex female

Birthplace, or if Foreign Born Canada Birthplace England

Father's Name John Stafford Mother's Fannie Winters

Chief Cause of Death Chronic Inter Colitis Contributing Cause

Attending Physician Dr. Fagan

" " Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. South Hillside

" Section No.

Services at Notre Dame

Time of Services 9 A.M.

Date of Burial Oct 18 19 12

Officiating Clergyman Rev. Foster

Number of Casket or Coffin 3200 Size 6/6 Maker National

Lining White Pillow Handles Elaborate

Plate Elaborate How Engraved Name

Number of Robe Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to None " " " " " "

Porters

Advertised in Dailies

Mark position of Grave on Lot in Red thus ☐ ⊕

" " " Monument on Lot thus ☐

" " " other Graves and points of Compass on Lot, when necessary, in Black

Grave #1
H. Louis Bullett
Mary Bullett grave #2

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....94.....

Date of Death Oct 20 1912

Color.....Age..... } Months...8.....

Year X.....
Months 8.....
Days 14.....

Full Name Heidi Rieker

{ Single..... *Single*
 { Married.....
 { Widowed.....

Last Place of Residence.....170 Liberty Street.....No.....

Occupation.....*None*.....Sex.....

Birthplace, or if Foreign Born.....*Bristol Conn*

Father's Name Fred Ricker Birthplace Lussumy

Mother's " Mina Samero "

Chief Cause of Death.....Contributing Cause.....

Attending Physician D. Russell pass

Residence..... *River Street*

Place of Burial North Adams

Cemetery Lot or Grave No. So. Union

Section No. 13a section

Services at Home

Time of Services..... 3 P. M. Oct 22 12.....

Date of Burial..... Oct 22 '12

Officiating Clergyman Rev. Zane

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Plane 268 bottom

GEMELEY LOI

Number of Casket or Coffin 20 P. Size 2 1/2 Maker Miller & Burnham \$ 2

Lining *h. lute* Pillow *7* Handles *h. lute enamel*

Plate Am. Working How Engraved Stamped

Number of Robe own dress Color white

Outside Case.....Pine.....Plate Engraved.....Delivered to.....

Body Preserved with Hydrid Washing, Dressing and Shaving

Use non Doz. Chairs.....0 Draperies.....Candelabra small.....Candles.....9.....

Removing Remains.....Crape.....Gloves.....

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
------------------------	----------------------	------------------	--

Hearse to none Cemetery, City Hall or R. R. Depot.....

Number Coaches to 2 " " " " " 5

Porters.....

.....

Advertised in.....*Planets*.....

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 12 Lena Hildebbio To Date 95
 Date of Death Oct 29 1912 Color White Age 3 Years 10 Months 4 Days
 Full Name Lena Hildebbio Single Single Married _____ Widowed _____
 Last Place of Residence No. Adams Street State No. 163
 Occupation None Sex female
 Birthplace, or if Foreign Born No. Adams Birthplace Italy
 Father's Name John Hildebbio Mother's "
 Chief Cause of Death Membrane Laceration Contributing Cause _____
 Attending Physician Dr. Geo. L. Curran Residence No. Adams
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph
 " Section No. # 17
 Services at At Home
 Time of Services 3 P.M. Oct 29
 Date of Burial Oct 29
 Officiating Clergyman Rev. Lattanza
 Number of Casket or Coffin 20 P. Size 3/3 Maker Harmon & Burdick Co.
 Lining White Pillow _____ Handles White Enamel
 Plate Am. Harkins How Engraved _____
 Number of Robe _____ Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " _____
 Porters _____
 Advertised in Wacker

Mark position of Grave on Lot in Red thus ☒
 " " Monument on Lot thus ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 19... 12

Record of the Funeral of

Total No.

To Date.....74.....

Date of Death..... Oct 29 1912,

Color White Age..... } Years 28
 } Months.....
 } Days.....

Full Name

{ Single.....*Single*
 { Married.....
 { Widowed.....

Last Place of Residence.....*Chicopee*.....Street.....No.....

Occupation..... Sex.....

Birthplace, or if Foreign Born.....

Father's Name.....John Nagle.....Birthplace.....

Mother's "

Chief Cause of Death.....Mitral regurg......of heart.....Contributing Cause.....

Attending Physician.....

“ “ Residence Chicope.....

Place of Burial..... No. Williams.....

Cemetery Lot or Grave No. Hillside

“ Section No. 1-1

Services at.....Lehigh.....

Time of Services.....

Date of Burial.....*Nov. 1*.....

Officiating Clergyman.....

Number of Casket or Coffin Solid In oak Size _____ Maker _____ \$ _____

Lining.....*Pillow*.....*Handles*.....

Plate.....*How Engraved*.....

Number of Robe.....*11*.....Color.....

Outside Case Magnifying Plate Engraved.....Delivered to.....

Body Preserved with.....	Washing, Dressing and Shaving.....		
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Use.....	Doz.	Chairs.....	Draperies.....	Candelabra.....	Candles.....		
----------	------	-------------	----------------	-----------------	--------------	-------	-------

<i>Removing Remains.....</i>	<i>Crape.....</i>	<i>Gloves.....</i>		
------------------------------	-------------------	--------------------	-------	-------

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....		
------------------------	----------------------	------------------	-------	-------

Hearse to Willard Cemetery, City Call or R. R. Depot.....

Number Coaches to.....12.....

<i>Porters</i>		
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Advertised in.....*Dailies*.....

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Train Order,

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...12.....

To Date.....97

Date of Death.....Nov. 2.....19 12.

Color White Age 1

{ Years.....40
Months.....
Days.....

Full Name.....*Uma Keating*.....

Single.....
Married..... *Married*
~~Widowed.....~~

Last Place of Residence.....*No. Adams*.....

Street *East* No.

Occupation..... *At home*

Sex *Female*

Birthplace, or if Foreign Born.....*Ireland*

Father's Name.....John Leary.....

Birthplace.....Ireland.....

Mother's " I know

Chief Cause of Death

Contributing Cause

Attending Physician.....*H. G. Gahrin*

Residence... *Blackminton*

Place of Burial.....Williamstown

Cemetery Lot or Grave No. East Lawn.

“ Section No

Services at.....St. Paul's

Time of Services..... 09 a m

Date of Burial..... East Haven,

Officiating Clergyman.....*Rev. Lukan*.....

Mark position of Grave on Lot in Red thus 
 " " " Monument on Lot thus 
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

GEMETERY LOI

Number of Casket or Coffin 3200 Size 6/6 Maker National \$

Lining White Pillow None Handles Silk

Plate Sil How Engraved Name

Number of Robe. 2 Color Black

Outside Case.....*Pine*.....Plate Engraved.....Delivered to

Body Preserved with..... Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf

Hearse to.....Williamsburg Cemetery, City Hall or R. R. Depot

Number Coaches to.....4..... " " " " "

Porters

Advertised in..... *Harles*

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19... _____ To Date 29 _____
 Date of Death Nov 22 1912 Color White Age _____
 { Years 52 41
 Months _____
 Days _____
 Full Name Vincenza Gattuso { Single _____
 Married married
 Widowed _____
 Last Place of Residence 72 Furnace Street Street _____ No. 72
 Occupation Housewife Sex female
 Birthplace, or if Foreign Born Italy
 Father's Name unknown Birthplace Italy
 Mother's " " " "
 Chief Cause of Death Pneumonia Contributing Cause cardiac ischemia
 Attending Physician Dr. M. G. Gatti
 " " Residence 108 Halden
 Place of Burial South View
 Cemetery Lot or Grave No. _____
 " Section No. 100
 Services at St. Anthony's Church
 Time of Services 3:30 P.M.
 Date of Burial Nov 25
 Officiating Clergyman Rev. Gattuso
 Number of Casket or Coffin 1 plain Size 5 1/2 Maker Flamenco \$ _____
 Lining Common Pillow _____ Handles Silver plate
 Plate None How Engraved _____
 Number of Robe unders Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with mullein Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to South View Cemetery, City Call or R. R. Depot
 Number Coaches to _____
 Porters _____
 Advertised in Dailies

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12

Record of the Funeral of
Mary T. Murphy

Total No.
To Date 100

Date of Death Nov. 27 1912 Color White Age 93 1/2
 { Years 93 1/2
 Months
 Days

Full Name Mary T. Murphy { Single
 Married Married
 Widowed

Last Place of Residence No. Adams Street Holden No. 82

Occupation Housewife Sex Female

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Edmund Walsh " " " "

Mother's " Alice Callahan " " " "

Chief Cause of Death Legion of spleen Contributing Cause

Attending Physician Dr. Stafford

" " Residence Submerged

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

" Section No.

Services at St. Francis

Time of Services 9 A.M. Nov 30

Date of Burial Nov. 30

Officiating Clergyman

Number of Casket or Coffin Black Plush Size 6/6 Maker National \$

Lining White Silk Pillow Same Handles Satin & Sil

Plate Sil How Engraved Name

Number of Robe Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Esco Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 4 " " " " " "

Porters

Advertised in

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 12,
Date of Death Dec. 22 19 12.
Record of the Funeral of
Male Infant of John Gregory
Color White Age
Total No.
To Date Dec. 26
Years
Months
Days

Full Name Male infant of John Gregory
Single
Married
Widowed

Last Place of Residence No. Adams Street Pottu Place No. 16
Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams Birthplace Adams Mass

Father's Name John Gregory " New VT

Mother's " Mabel Marcotte " New VT

Chief Cause of Death Stillborn Contributing Cause

Attending Physician Dr. Geo. J. Curran

" " Residence Cagle St

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No.

Services at

Time of Services

Date of Burial Dec. 24 '12

Officiating Clergyman

Number of Casket or Coffin P. V. 29 Size 1/4 Maker Miller & Burns

Lining White Pillows Handles

Plate How Engraved

Number of Robe Color

Outside Case Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

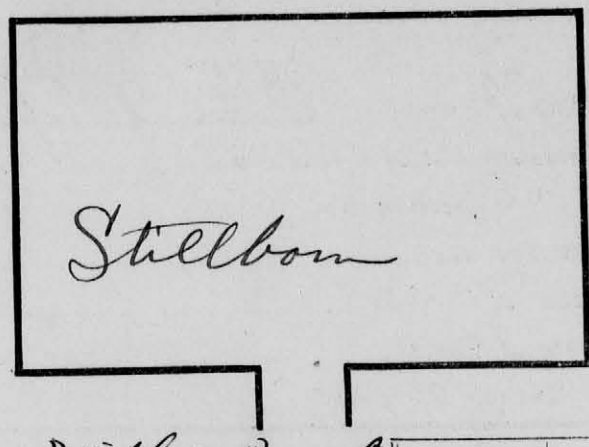
Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to " " " " " "

Porters

Advertised in

Mark position of Grave on Lot in Red thus: ☒
" " Monument on Lot thus: ☐
" " other Graves and points of Compass
on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 19 12

Record of the Funeral of

Total No.

To Date 108Date of Death Dec 25 19Color White

Age

Years 38Months 8Days 20

Full Name

John P. Henry

Single

Married

Widowed

Married

Last Place of Residence

No. Adams

Street

River

No.

67

Occupation

Print works employee

Sex

Male

Birthplace, or if Foreign Born

Appomattox, R.D.

Birthplace

Ireland

Father's Name

James Henry

Mother's

Mary Brooks

Chief Cause of Death

Pulmonary Tuberculosis

Attending Physician

Dr. Garrison

Residence

Cheshire

Place of Burial

Cheshire

Cemetery Lot or Grave No.

Grace Lot

Section No.

St Francis

Services at

9 A M Dec 28 '12

Time of Services

Dec 28 '12

Date of Burial

Rev. Sullivan

Officiating Clergyman

Rev. Sullivan

Number of Casket or Coffin

Solid mahogany

Size

6/0

Maker

Boyetown

Lining

White Satin

Pillow

Satin

Handles

Old Sil Epton

Plate

Old Sil

How Engraved

Name

Number of Robe

flun suit

Color

Black

Outside Case

Chestnut

Plate Engraved

Delivered to

Body Preserved with

Mullum

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Best

Candles

Removing Remains

Crape

Grey

Gloves

Grey

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cheshire

Cemetery, City Call or R. R. Depot

Number Coaches to

7

Porters

Advertised in

Harlies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ Rose Bruen _____ To Date 2 _____

Date of Death Jan 7 1913 Color White Age 50 { Years _____
 Months _____
 Days _____

Full Name Rose Bruen { Single _____
 Married _____
 Widowed Widowed

Last Place of Residence Charlottesville Street No. Eagle No. _____
 Occupation None Sex female

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Bernard Murphy Mother's Bridget Farrell

Chief Cause of Death Cancer of Uterus Contributing Cause _____
 Attending Physician Dr. W. G. Smith

Residence Holden

Place of Burial St. Joseph's

Cemetery Lot or Grave No. 2

Section No. Union lot

Services at St. Francis

Time of Services 9 A.M. Jan 9 '12

Date of Burial Jan 9 '12

Officiating Clergyman Rev. Walsh

Number of Casket or Coffin 821 Size 6/0 Maker Messenger \$ _____
 Lining White Pillow _____ Handles Op

Plate Op How Engraved Names

Number of Robe Unadorned Color Black

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Mulleum Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot _____

Number Coaches to 5 " " " " " "

Porters _____

Advertised in Hauliers

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.. / 3

To Date.....3.....

Date of Death..... Jan 8 1913

Color White Age 1

Years 75.....
Months.....
Days.....

Full Name.....Catherine Marran.....

Single.....
Married.....
Widowed *Widowed*.....

Last Place of Residence... No. Adams

Street E Main No 660

Occupation.....None

Sex female

Birthplace, or if Foreign Born.....*Ireland*

Father's Name.....John W. Greavey

Birthplace Ireland.....

Mother's " Mary M^E McDonough

Chief Cause of Death... Gravcho Pneumonia

Contributing Cause.....

Attending Physician.....*H. L. Luman*.....

“ “ Residence Eagle Sr.

Place of Burial.....No. Adams.....

Cemetery Lot or Grave No. ^{over}.....Hillside.....

Section No. South shore small seasonal

Services at.....*St Francis*

Time of Services..... 9. 6⁰ M Jan 10 '12

Date of Burial.....Jan. 11th '12

Officiating Clergyman.....Rev. Dunphy.....

Name of Graduate or Candidate: ELITE BBK Size 6

Maker *Hartford*

Number of Casket or Coffin.....
 : : : : : Silk Billows White & Silk

Handles the 8 & 5

Blank *Chis* How Engraved *Yumel*

Number of Beds 1 *Iron dress* Color *to Black*

Outside Case Pine Plate Engraved Delivered to

Body Preserved with *Multum* Washing, Dressing and Shaving

Use	Do	Chairs	Draperies	Candelabra	<i>Rest</i>	Candles
-----	----	--------	-----------	------------	-------------	---------

Removing Remains Crape Black Gloves

Cemetery Expenses..... Church Expenses..... Linen Scarf.....

Hearse to Hillside Cemetery. City Call or R. R. Depot.

Number Coaches to	5	"	"	"	"
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Porters

.....
 1.3 : 3 bPailia

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 1913
Date of Death Jan 12 1913
Full Name Male inf of Amos Labombard
Last Place of Residence No. Adams
Occupation None
Birthplace, or if Foreign Born No. Adams
Father's Name Amos Labombard
Mother's Ada Plass
Chief Cause of Death Stillborn
Attending Physician Dr. Geo. S. Curran
Residence Eagle St
Place of Burial No. Adams
Cemetery Lot or Grave No. So. View
Section No. 100
Services at
Time of Services
Date of Burial Jan 13 '13
Officiating Clergyman

Record of the Funeral of
Total No. 6
To Date 6
Color White
Age
Single Single
Married
Widowed
Street Main No. 26
Sex Male
Birthplace Ainsworth Forks N.Y.
Valatie N.Y.
Contributing Cause
Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

Stillborn

CEMETERY LOT

Number of Casket or Coffin P.R. Reg. Size 1/9 Maker National \$
Lining White Pillows Handles
Plate How Engraved
Number of Robe Color
Outside Case Plate Engraved Delivered to
Body Preserved with Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to
Porters
Advertised in

[illegible]

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1913

To Date 7

Date of Death Jan 13 1913

Color White

Age 76

 Years 76 5 2
 Months
 Days

Full Name

Bridget Kelly

Single

Married

Widowed

Widowed

Last Place of Residence

City Park

Street South Highland No.

Occupation

None

Sex

Birthplace, or if Foreign Born

Ireland

Father's Name

Samuel Brennan

Birthplace

Ireland

Mother's

Ann McKinney

Chief Cause of Death

Contributing Cause

Attending Physician

Dr. W. J. McFadden

"

"

Residence

Halden St.

Place of Burial

Hillside Cem. North Highland

Cemetery Lot or Grave No.

2

"

Section No.

Western

Services at

St. Francis

Time of Services

2 P.M.

Date of Burial

Jan 15 - 1913

Officiating Clergyman

Rev. Sullivan

Number of Casket or Coffin

6 2

Size

6 ft. 6 in.

Maker Florence

\$

Lining

Hair White

Pillow

Handles

Plate

Square Silver Plate How Engraved

Number of Robe

One

Make Color

Brown Habit

Outside Case

Pine

Plate Engraved

Name

Delivered to

Body Preserved with

Waterbury & Co.

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

2.75

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

Cem - one

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 Male Inft of Angelo Sandil To Date 9

Date of Death Jan. 20 1913 Color White Age _____
 { Years _____
 Months _____
 Days _____

Full Name Male Inft of Angelo Sandil { Single Single
 Married _____
 Widowed _____

Last Place of Residence No. Adams Street Rock No. # 2

Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams

Father's Name Angelo Sandil Birthplace Italy

Mother's " Marquette Calavari " " "

Chief Cause of Death _____ Contributing Cause displacement of heart

Attending Physician Mr. Curran

" " Residence Eagle St

Place of Burial No. Adams

Cemetery Lot or Grave No. So View

" Section No. Free

Services at _____

Time of Services _____

Date of Burial _____

Officiating Clergyman _____

Number of Casket or Coffin P. K. & S. Size 1/4 Maker Nat \$ _____

Lining White Pillow _____ Handles _____

Plate _____ How Engraved _____

Number of Robe _____ Color _____

Outside Case _____ Plate Engraved _____ Delivered to _____

Body Preserved with _____ Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

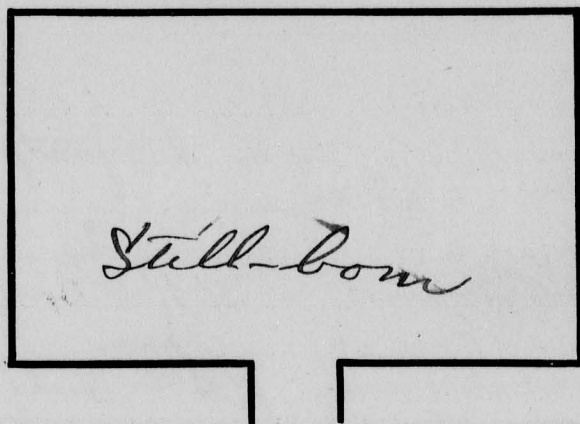
Hearse to _____ Cemetery, City Call or R. R. Depot _____

Number Coaches to _____ " " " " " "

Porters _____

Advertised in _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ George Morin _____ To Date 12 _____
 Date of Death Jan 27 19 13 _____ Color White Age _____ { Years 1
 Months 1
 Days 26
 Full Name George Morin { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Clark ave No. 5
 Occupation None Sex Male
 Birthplace, or if Foreign Born No. Adams Birthplace Syria
 Father's Name Joseph Morin Mother's Mary Shuman
 Chief Cause of Death E. resipalis Contributing Cause _____
 Attending Physician Dr. Mc Grath
 " " Residence Holden
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St Joseph's
 " Section No. Single # 47
 Services at None
 Time of Services "
 Date of Burial Jan 28 13
 Officiating Clergyman "

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin P.K. coffin Size 2/9 Maker Boyetown \$ _____
 Lining White Pillow _____ Handles Leant
 Plate Blue Bats How Engraved Stamped
 Number of Robe _____ Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Formal Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to White St Joseph's Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " " _____
 Porters _____
 Advertised in Advertiser

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19...13

Record of the Funeral of
Mary Jane Mulgrew

Total No.
To Date...17

Date of Death...*Feb. 10* 19*13* Color *White* Age...*62*
 { Years...*62*
 Months...*5*
 Days...*8*

Full Name...*Mary Jane Mulgrew* { Single...
 Married...*Married*
 Widowed...

Last Place of Residence...*No. Adams* Street...*Row* No...*107*
 Occupation...*Housewife* Sex...*female*

Birthplace, or if Foreign Born...*Trot N.Y.* Birthplace...*Ipsa England*
 Father's Name...*Near Maginley* " ...*Ireland*
 Mother's " ...*Unknown*

Chief Cause of Death...*Accidental burns* Contributing Cause...
 Attending Physician...*Dr. H. J. Brown M.D.*
 " " Residence...*Main*

Place of Burial...*No. Adams*
 Cemetery Lot or Grave No...*Hillside Cemetery*
 " Section No...*St. Francis*

Services at...*St. Francis*
 Time of Services...*9 A.M. Feb. 13*
 Date of Burial...*Feb. 13*
 Officiating Clergyman...*Rev. Walsh*

Number of Casket or Coffin...*Canopy* *Mammoth full couch* Size...*6/6* Maker...*Anty Trust* \$
 Lining...*White Silk* Pillow...*White Silk* Handles...*U. Sil. Ept.*
 Plate...*U. Sil.* How Engraved...*Name*
 Number of Robe...*9940* Color...*Black Cash*
 Outside Case...*Chestnut* Plate Engraved...*Delivered to*
 Body Preserved with...*Mummified* Washing, Dressing and Shaving...
 Use...*Doz. Chairs* Draperies...*Candelabra* *Best* Candles...
 Removing Remains...*Crape* Gloves...
 Cemetery Expenses...*Church Expenses* Linen Scarf...
 Hearse to...*Hillside* Cemetery, City Call or R. R. Depot...
 Number Coaches to...
 Porters...
 Advertised in...*Blair's*

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13

Record of the Funeral of
James Jammallo

Total No.
To Date 20

Date of Death Feb. 28 19 13 Color White Age 18 Years 5 Months 23 Days

Full Name James Jammallo Single Single Married Widowed

Last Place of Residence No. Adams Street W. Main No. 84

Occupation Student Sex Male

Birthplace, or if Foreign Born No. Adams

Father's Name Agostino Jammallo Birthplace Italy

Mother's Mary Jammallo

Chief Cause of Death Killed by car Contributing Cause

Attending Physician Dr. Holmes

Residence Adams Mass

Place of Burial

Cemetery Lot or Grave No.

Section No.

Services at St Anthony

Time of Services 2 P M

Date of Burial Mar. 2

Officiating Clergyman Rv. Lattanzio

Number of Casket or Coffin # 5 Size 4/8 Maker Florence \$

Lining White Pillow — Handles Sil

Plate Sil How Engraved Name

Number of Robe Clown suit Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with W. Magic Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

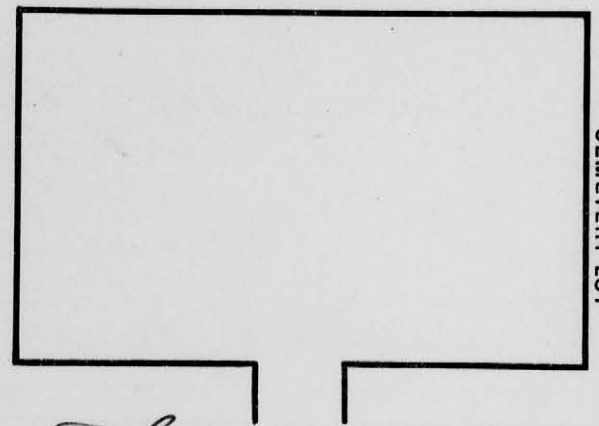
Hearse to Tomb Cemetery, City Call or R. R. Depot

Number Coaches to 12

Porters

Advertised in Wailis

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 13Bennett ColeTo Date 21Date of Death Feb. 28 1913Color White

Age

 Years 77⁶⁰
 Months 7
 Days 11
Full Name Bennett Cole

Single

Married

Widowed

WidowedLast Place of Residence Stamford Vt

Street

No.

Occupation FarmSex MaleBirthplace, or if Foreign Born Adams MassFather's Name Donald Cole

Birthplace

Bushier MassMother's Name Jane Bennett

"

Stamford VtChief Cause of Death Heart Disease

Contributing Cause

Attending Physician H. Wright

"

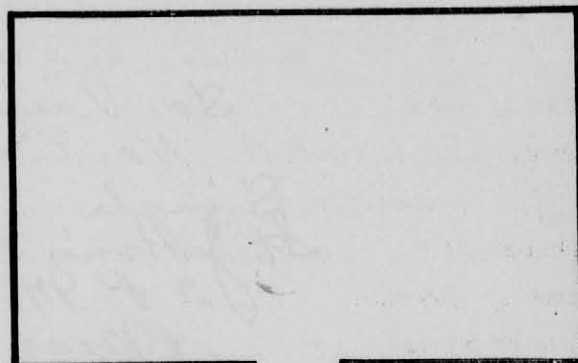
"

Residence

Stamford VtPlace of Burial No. AdamsCemetery Lot or Grave No. #1 grave lot 114

"

Section No.

Hillside CemeteryServices at Methodist ChurchTime of Services 2 P. M. Mar 3Date of Burial Mar 3 1913Officiating Clergyman Rev. Robinson
 Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.


CEMETERY LOT

Number of Casket or Coffin 1Size 6/6Maker T. M. Miller & Co.Lining White Silk

Pillow

White SilkHandles U. Sil. EptPlate U. Sil. ext.

How Engraved

NameNumber of Robe Black Cash

Color

White BlackOutside Case Pine

Plate Engraved

Name

Delivered to

Body Preserved with Mulleum

Washing, Dressing and Shaving

Use Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to 4

Porters

Advertised in Times

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13

Record of the Funeral of
Male inf. William L. Taylor

Total No.
To Date 22

Date of Death Mar. 14 1913 Color White Age } Years
Months
Days

Full Name Male inf. of William Taylor { Single Single
Married
Widowed

Last Place of Residence No. Adams Street Meadow No. 119

Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams

Father's Name William L. Taylor Birthplace England

Mother's Lucy Smith

Chief Cause of Death Still born Contributing Cause

Attending Physician Dr. Curran

" " Residence No. Adams

Place of Burial So. View Cemetery

Cemetery Lot or Grave No. No. Adams

" Section No. Single

Services at St. John's

Time of Services 2 P.M. Mar. 17

Date of Burial Mar.

Officiating Clergyman Rev. Mott

Number of Casket or Coffin Placed in casket with another Size Maker

Lining White Pillow Handles

Plate How Engraved

Number of Robe and dress Color White

Outside Case Plate Engraved Delivered to

Body Preserved with fixed Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

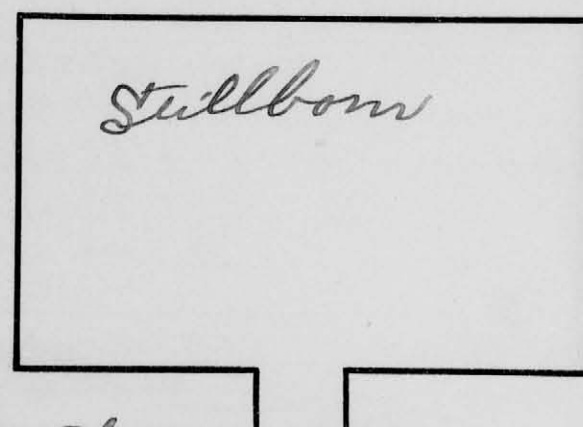
Hearse to none Cemetery, City Call or R. R. Depot

Number Coaches to " " " " " "

Porters

Advertised in Blair's

Mark position of Grave on Lot in Red thus: 
" " Monument on Lot thus: 
" " other Graves and points of Compass
on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ Lucy Taylor To Date 24 _____
 Date of Death Mar. 15 19 13 Color white Age _____ { Years 24 61
 Months 7
 Days _____

Full Name Lucy Taylor { Single _____
 Married Married
 Widowed _____
 Last Place of Residence No. Adams Street Meadow No. 118
 Occupation House wife Sex female
 Birthplace, or if Foreign Born England
 Father's Name James Smith Birthplace England
 Mother's Mary Ellen Perard
 Chief Cause of Death Chronic Poisoning Contributing Cause _____
 Attending Physician Dr. Curran
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. Single
 Services at St. John's
 Time of Services 2 PM Mar 17
 Date of Burial Mar 17
 Officiating Clergyman Rev. Mott

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin Sil Buy H. C. Plush Size 6/6 Maker National \$ _____
 Lining White Silk Pillow White Silk Handles Uld Sil
 Plate U Sil How Engraved Name
 Number of Robe Undress Color white
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Mullum Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape Grey Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 3 " " " " " _____
 Porters _____
 Advertised in Dailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ Thomas R. Raidy To Date 26 _____
 Date of Death May 26 19 13 Color White Age _____
 { Years 22 62
 Months 7
 Days 4
 Full Name Thomas R. Raidy { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Union No. 250
 Occupation Student Sex Male
 Birthplace, or if Foreign Born No. Adams
 Father's Name Thomas Raidy Birthplace Canada
 Mother's Margaret Moore Ireland
 Chief Cause of Death Heart & kidney trouble Contributing Cause _____
 Attending Physician E. F. Sullivan
 " " Residence East Main St
 Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No. _____
 Services at St. Francis
 Time of Services 9 A.M. Mar 28
 Date of Burial Mar 28
 Officiating Clergyman Rev. Sullivan

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin Trufted H. S. Plush Size 6/6 Maker _____
 Lining Cream Satin Pillow Cream Satin Handles 11 Sil Est
 Plate 1 Sil How Engraved Name
 Number of Robe Chen Suit Color Grey
 Outside Case Chest Plate Engraved _____ Delivered to _____
 Body Preserved with Mullum Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape White Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Hillside Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " " " _____
 Porters _____
 Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ Antonio Hornmick _____ To Date 27 _____
 Date of Death Mar. 26 19 13 _____ Color White Age _____ { Years 26 1/2
 Months _____ Days _____
 Full Name Antonio Hornmick { Single Single
 Married _____
 Widowed _____
 Last Place of Residence Wherman Station Vt Street _____ No. _____
 Occupation Section Foreman Sex Male
 Birthplace, or if Foreign Born Italy Birthplace Italy
 Father's Name Robert Hornmick Birthplace Italy
 Mother's Sylvia Tremalonia Birthplace Italy
 Chief Cause of Death Fractured Skull by being struck by Boulder Contributing Cause _____
 Attending Physician W. J. Brown M.D. _____
 " " Residence Main _____
 Place of Burial Readsboro Vt _____
 Cemetery Lot or Grave No. Readsboro _____
 " Section No. _____
 Services at Readsboro _____
 Time of Services Mar 28 '13 _____
 Date of Burial " " _____
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass _____
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin Oct int. oak Size 6/6 Maker B B B \$ _____
 Lining White Pillow _____ Handles Set _____
 Plate Sil How Engraved Name _____
 Number of Robe Black Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Mullum Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " _____
 Porters _____
 Advertised in Warties _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 Harriet Weeks To Date 30
 Date of Death Mar 30 19 13 Color white Age 3 Years 3 Months 13 Days 13
 Full Name Harriet Weeks Single Single Married _____ Widowed _____
 Last Place of Residence No. Adams Street E Main No. 362
 Occupation None Sex female
 Birthplace, or if Foreign Born No. Adams Birthplace No. Adams
 Father's Name James Weeks Mother's Matie Bascom Birthplace Chicago Ill
 Chief Cause of Death Starvation from ignorant feeding Contributing Cause _____
 Attending Physician Mr. A. J. Brown Residence _____
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. _____
 Services at At Home
 Time of Services 2:30 P M
 Date of Burial Apr 1
 Officiating Clergyman Walter Wilcox
 Number of Casket or Coffin R K 9 Size 70 Maker Hartford
 Lining white Pillow _____ Handles Leant
 Plate Lin. Harding How Engraved _____
 Number of Robe Undress Color _____
 Outside Case _____ Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to 1 " " " " _____
 Porters _____
 Advertised in Waikiki

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13 John Birch Record of the Funeral of
Total No.
To Date 3/

Date of Death Apr. 1 19 13 Color White Age 59
Years 59
Months
Days

Full Name John Birch Single Married

Last Place of Residence Turksbury Mass State Infirmary Street No.

Occupation Milk Employer Sex Male

Birthplace, or if Foreign Born England

Father's Name William Birch Birthplace England

Mother's Unknown

Chief Cause of Death Attacks of Liver Contributing Cause

Attending Physician John H. Nichols

" " Residence Turksbury Mass

Place of Burial No. Adams

Cemetery Lot or Grave No. So. View

" Section No. Three

Services at St. Johns Church

Time of Services 2:30 P. M. Apr. 6 '13

Date of Burial Apr. 6 '13

Officiating Clergyman Rev. Mott

Number of Casket or Coffin # 62 Size 5/9 Maker F. Loume \$

Lining White Pillow Handles Sil & Sat

Plate Sil How Engraved Name

Number of Robe Color Black Monies

Outside Case Pine Plate Engraved by Hand Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

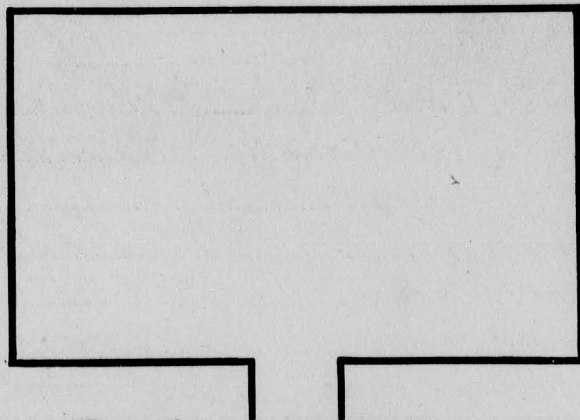
Hearse to So. View Cemetery, City Call or R. R. Depot

Number Coaches 2 " " " " "

Porters

Advertised in Dailies

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.



CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 Saverio Barchidi To Date 22

Date of Death April 6 19 13 Color White Age 2 6 6
 { Years 2
 Months 6
 Days 6

Full Name Saverio Barchidi { Single Single
 Married _____
 Widowed _____

Last Place of Residence No. Adams Street Adams No. 28
 Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams Birthplace Italy
 Father's Name Nichola Barchidi Mother's _____

Chief Cause of Death Convulsions Contributing Cause _____
 Attending Physician Mr. A. J. Brown
 " " Residence J. Busch

Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. Flat

Services at St. Anthony's
 Time of Services 9 A.M. Apr 8 '13
 Date of Burial Apr 8 '13
 Officiating Clergyman Rev. Sullivan

Number of Casket or Coffin # 53 Size 3/8 Maker Florence \$ _____
 Lining White Silk Pillow _____ Handles Sil
 Plate Blue Balm How Engraved Stamped
 Number of Robe Blue dress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Stridgid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape White Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 12 " " " " " " _____
 Porters _____
 Advertised in Mail

Mark position of Grave on Lot in Red thus: ☒ $\oplus$
 " " Monument on Lot thus: ☐ $\oplus$
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 Mary Everingham To Date 33

Date of Death April 6 1913 Color White Age _____
 { Years 40
 Months _____
 Days 2

Full Name Mary Everingham { Single _____
 Married Married
 Widowed _____

Last Place of Residence No. Adams Street Richman No. 1

Occupation Housewife Sex female

Birthplace, or if Foreign Born No. Adams

Father's Name George Houns Birthplace _____

Mother's " Eliza Houns " _____

Chief Cause of Death Robert Pneumonia Contributing Cause _____

Attending Physician Dr. Connelly

" " Residence Main St

Place of Burial Greenwich N.Y.

Cemetery Lot or Grave No. "

" Section No. _____

Services at At Home

Time of Services 3 P.M. April 8, '13

Date of Burial Apr. 9

Officiating Clergyman Rev. Mr. Gerish

Number of Casket or Coffin Silvery crape Size 5/9 Maker Thomson \$ _____

Lining White Pillow _____ Handles Sil

Plate Sil How Engraved Name only

Number of Robe _____ Color Black Cashmere

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Mullum Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to Depot Cemetery, City Call or R. R. Depot _____

Number Coaches to 1 Depot back " " " " _____

Porters _____

Advertised in Mailies

NATIONAL FUNERAL REGISTER

No. for Record of the Funeral of Total No.
Year 19..... Anna Cronin To Date..... 39

Date of Death March 10 1913 Color White Age 65 { Years 65
Months
Days

Full Name Anna Cronin widow of James Cronin { Single
Married
Widowed (widow)

Last Place of Residence No. 7 Front St Street No.

Occupation Housewife Sex female

Birthplace, or if Foreign Born Ireland

Father's Name Martin Murphy Birthplace Ireland

Mother's " unknown " "

Chief Cause of Death Contributing Cause

Attending Physician Dr. Curran 63 Eagle St

" " Residence " "

Place of Burial South View N.Y. Ave. Adams

Cemetery Lot or Grave No. 2 Lot 56 gr 256

" Section No. First corner N.Y. Ave.

Services at St. Francis

Time of Services 2:30 P.M.

Date of Burial March 12 at 2:00 P.M.

Officiating Clergyman Rev. Sullivan

Number of Casket or Coffin 5/6 # 64 Size 5/6 Maker Florence

Lining White medium Pillow made up Handles small bar

Plate Spruce Lid Plate How Engraved name only

Number of Robe Blk cash Color Blk

Outside Case Pine Plate Engraved by Hand Delivered to

Body Preserved with Mutton Washing, Dressing and Shaving

Use 1 Doz. Chairs Draperies Candelabra Candles 2 lbs

Removing Remains Crape Blk Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to cemetery Cemetery, City Call or R. R. Depot

Number Coaches to 5 " " " " "

Porters

Advertised in Daily

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....33.....

Date of Death. April 15 1968

Color *White* Age *—* Months *—*

Years.....
Months.....
Days.....

Full Name not named } Married.....

{ Single Single
 { Married
 { Widowed

Last Place of Residence, 332 Ashland St Street No.

Occupation.....none.....Sex.....

Birthplace, or if Foreign Born... *North Adams*

Father's Name Daniel W. Jewell Birthplace North Adams

Mother's " Margaret McLaughlin " England

Chief Cause of Death Stillborn Contributing Cause

Attending Physician D. Riley ☐ ☒ pass

Residence Richmond Hotel

Place of Burial..... *Hillside Cem of Adams*

Cemetery Lot or Grave No.

Section No.

Services at.....none.....

Time of Services.....

Date of Burial, April 15 - 1913

Officiating Clergyman.....Wm. H. H. H. H......

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

GEMEIERY LOI

Number of Casket or Coffin..... *PK* Size *2 1/2* Maker *Flurence* \$

--	--	--

Lining Muslin Pillow made up Handles

Plate	How Engraved
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
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71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Number of Robe unwashed Color White

Outside Case none Plate Engraved — Delivered to —

Body Preserved with none Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves.....

Cemetery Expenses $1 \frac{44}{100}$ Church Expenses — Linen Scarf —

Hearse to none Cemetery, City Call or R. R. Depot.....

Number Coaches to none " " " " "

Porters.....	26		
--------------	----	--	--

Advertised in none

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for
Year 19 13

Record of the Funeral of
Elizabeth Strobe

Total No.
To Date 38

Date of Death Apr. 24 1913 Color white Age { Years 93
Months 3
Days 10

Full Name Elizabeth Strobe { Single
Married
Widowed Widowed

Last Place of Residence Stamford Vt Street No.

Occupation At Home Sex female

Birthplace, or if Foreign Born Germany

Father's Name George Schmitt Birthplace Germany

Mother's Unknown

Chief Cause of Death Pneumonia Contributing Cause

Attending Physician W. Wright

Residence Stamford

Place of Burial Stamford Vt

Cemetery Lot or Grave No.

Section No.

Services at At Home

Time of Services 2 P.M. April 26

Date of Burial April 26

Officiating Clergyman Rev. Webster Robinson

Number of Casket or Coffin #6 6/8 Maker Florence \$

Lining White Pillow Handles Sil

Plate Sil How Engraved Name

Number of Robe Clendens Color Black

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Stamford Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in Examiner

Mark position of Grave on Lot in Red thus:
" Monument on Lot thus:
" other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13 Record of the Funeral of Helen Spitzew Total No. To Date 40

Date of Death May 2 19 13 Color White Age 14 9 7
Years Months Days

Full Name Spitzew Single Single
Married
Widowed

Last Place of Residence No. Adams Street Florida Mt

Occupation Student Sex Female

Birthplace, or if Foreign Born Florida Mt No. Adams

Father's Name Jacob Spitzew Birthplace Russia

Mother's Sarah Berger

Chief Cause of Death Diphtheria Contributing Cause

Attending Physician Dr. Curran

Residence No. Adams

Place of Burial Hebrew Cemetery

Cemetery Lot or Grave No.

Section No.

Services at None

Time of Services

Date of Burial May 3 13

Officiating Clergyman

Number of Casket or Coffin Pine Box lined Size Size Maker Florence \$

Lining Pillow Handles

Plate How Engraved

Number of Robe Color

Outside Case Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hebrew Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in Wailes

NATIONAL FUNERAL REGISTER

No. for

Year 19...13.....

Record of the Funeral of

Total No.

To Date 43

Date of Death..... May 28 1913

Color White Age } Years 2
 } Months
 } Days

Full Name

{ Single.....
 { Married..... *Married*
 { Widowed.....

Last Place of Residence.....No. Adams

Street Centre No 101

Occupation..... *Boatman*

Sex Male

Birthplace, or if Foreign Born.....*Ireland*.....

Father's Name.

Birthplace.....

Mother's

Chief Cause of Death.....Apoplexy.

Contributing Cause:.....

Attending Physician.....*H. M. M. Brown*.....

“ “ Residence.....

Place of Burial..... No. Adams

Cemetery Lot or Grave No. W half lot 322

Section No. grave # 3 So View

Services at..... St Francis

Time of Services..... 9 A M May 26

Date of Burial..... May 26

Officiating Clergyman.....*Rev. Sullivan*.....

Mark position of Grave on Lot in Red thus: ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 3200.....Size 6/8

Maker. Nat \$

Lining white Pillow

Handles *Sil & Satin*

Plate Sil How Engraved Name

Number of Robe. Black back Color.

Outside Case Pine Plate Engraved..... Delivered to

Body Preserved with Mullein Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra *Best* Candles

Removing Remains.....Crape Black.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to So View Cemetery, City Hall or R. R. Depot.

Number Coaches to..... " " " " "

Porters.

Advertised in.....*Dailies*.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13

Record of the Funeral of
William R. Torrey

Total No.
To Date 4/4

Date of Death June 5 1913 Color White Age 30
 { Years 30
 Months 11
 Days 15

Full Name William R. Torrey { Single Single
 Married
 Widowed

Last Place of Residence Last Blk River of Hudson Street No.

Occupation Seafarer Sex

Birthplace, or if Foreign Born Penn Mass

Father's Name William R. Torrey Birthplace

Mother's Clara Murcher

Chief Cause of Death Erysipelas Contributing Cause

Attending Physician D. W. F. Mc Grath

Residence Halden St

Place of Burial South View

Cemetery Lot or Grave No. free

Section No. next grave to

Services at Houses

Time of Services 2-4:15 P.M.

Date of Burial

Officiating Clergyman Rev. Gerrish

Number of Casket or Coffin flat Cred. Size Size Maker F. Louren \$

Lining White Pillow Handles

Plate How Engraved

Number of Robe Quin Suit Color Brown

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Mullum Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Van So View Cemetery, City Call or R. R. Depot

Number Coaches to One " " " " "

Porters

Advertised in Parables

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...13.....

To Date.....46.....

Date of Death.....June.....8.....1913.....

Color White Age 1

{ Years. 43
 { Months.....
 { Days.....

Full Name..... Alfred S. Fountain

{ Single.....
 Married..... *Married*
 Widowed.....

Last Place of Residence.....Hoboken N.J.....Street.....No.....

Occupation Boatman Sex Male

Birthplace, or if Foreign Born.

Father's Name.....Birthplace.....

Mother's "....." "....."

Chief Cause of Death.....Edema of Lungs.....Contributing Cause.....

Attending Physician.....Hoboken N.J.

“ “ *Residence.*

Place of Burial.....No. Adams.

Cemetery Lot or Grave No. lot 187

Section No. So. View

Services at.....*Notre Dame*

Time of Services..... 9 A M. June

Date of Burial..... June 11

Officiating Clergyman.

Mark position of Grave on Lot in Red thus:  
 " " " Monument on Lot thus:  
 " " " other Graves and points of Compass on Lot, when necessary, in Black.

Train Order

CEMETERY LOT

Number of Casket or Coffin Int Oak Size

Maker.

\$

Lining *Pillow* *Handles*

Plate.....How Engraved.

Number of Robe.....Color.

Outside Case.....Plate Engraved.....Delivered to

Body Preserved with..... Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to So. View Cemetery, City Hall or R. R. Depot.

Number Coaches to 4 " " " " "

Porters.

Advertised in.

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...13.....

To Date.....49.....

Date of Death.....June.....1913.....

Color White Age..... } Months.....
Days.....

Full Name

{ Single.....
 Married..... *Married*
 Widowed..... *Widowed*

Last Place of Residence..... No. Adams

Street Golden Bear No. 74

Occupation..... *At Home*

Sex Female

Birthplace, or if Foreign Born.....*Ireland*.....

Birthplace Ireland

Father's Name..... *Jun*

Mother's " Unknown

Chief Cause of Death... Endocarditis...

Contributing Cause.....

Attending Physician.....*H. H. Hewitt*

“ “ Residence.....Main

Place of Burial.....No. Adams.

Cemetery Lot or Grave No. 50 Kiss

“ *Section No.*

Services at..... St Francis

Time of Services..... 2:30 P.M. June 17

Date of Burial.....

Officiating Clergyman.....*Rev Sullivan*

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT 1

Number of Casket or Coffin.....62.....Size.....5/9

Maker *H. Lawrence* \$

Lining White Pillow

Handles..... 21

Plate Sil How Engraved Name

Number of Robe. Black base Color

Outside Case.....*Pine*.....Plate Engraved.....Delivered to

Body Preserved with.....Caro.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to.....So. View.....Cemetery, City Hall or R. R. Depot.

Number Coaches to.....2..... " " " " "

Porters.

Advertised in.....*2 Daily*.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ To Date 5-0 _____
 Date of Death June 17 1913 Color White Age _____
 { Years _____
 Months 10
 Days 25
 Full Name Frances Fitzgerald { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street Houghton No. 165
 Occupation None Sex female
 Birthplace, or if Foreign Born No. Adams
 Father's Name Richard Fitzgerald Birthplace Ireland
 Mother's " _____
 Chief Cause of Death Cholera Infantum Contributing Cause _____
 Attending Physician Mr. C. Duran
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Joseph's
 " Section No. Spangle
 Services at _____
 Time of Services _____
 Date of Burial June 18, '13
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus ☒
 " " Monument on Lot thus ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin Leamskin Size 2 1/3 Maker Hartford \$ _____
 Lining White Pillow _____ Handles Sil
 Plate Our Darling How Engraved _____
 Number of Robe _____ Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Fridgid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to 2 " " " " _____
 Porters _____
 Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....53

Date of Death June 27 1913

Color *White* Age *4.2* } Months.....

{ *Years*.....
 { *Months*.....
 { *Days*.....

Full Name.....Richard Fitzgerald.....} Married.....Married.....

Single.....
Married..... *Married*
Widowed.....

Last Place of Residence 168 Naughton Street No

Occupation.....retired.....Sex.....

Birthplace, or if Foreign Born. Saratoga Springs NY

Father's Name.....Daniel Fitzgerald.....Birthplace.....Ireland.....

Mother's " Catherine Cannon " 6

Chief Cause of Death.....*Endocarditis*.....Contributing Cause.....

Attending Physician.....*hls. Curran,*.....

“ “ Residence..... Eagle.....

Place of Burial.....*No. 14 Adams*.....

Cemetery Lot or Grave No. St. Josephs

Section No.

Services at St Francis

Time of Services..... 2:30 P.M. June 29

Date of Burial..... June 29

Officiating Clergyman.....*Rev. M. J. Kenna*.....

Number of Casket or Coffin	62	Size	61	Maker	F. Lawrence	\$	
----------------------------	----	------	----	-------	-------------	----	--

Lumber 12 hite Pillows — 18 Handles 12

Plate	How Engraved	Name
-------	--------------	------

Number of Robe *Thon Sent* Color

Outside Case *Pins.* Plate Engraved Delivered to

Body Preserved with Laird Washing, Dressing and Shaving.....

Use	Dog	Chairs	Draperies	Candelabra	Candles	
-----	-----	--------	-----------	------------	---------	--

Removing Remains.....*Crape*.....*Gloves*.....

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
------------------------	----------------------	------------------	--

Hearse to St. Joseph's Cemetery, City Hall or R. R. Depot.

Number Coaches to	"	"	"	"	"		
-------------------------	---	---	---	---	---	--	--

Porters.....		
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.....

Advertised in Realities

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 Mary Bunting To Date 57
 Date of Death July 2 1913 Color White Age _____
 { Years _____
 Months _____
 Days _____
 Full Name Mary Bunting { Single _____
 Married Married
 Widowed _____
 Last Place of Residence No. Adams Street No. Holden No. 37
 Occupation Housewife Sex female
 Birthplace, or if Foreign Born _____
 Father's Name _____ Birthplace _____
 Mother's " _____
 Chief Cause of Death Pertussis Contributing Cause _____
 Attending Physician Dr. Sullivan
 " " Residence Man
 Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No. _____
 Services at St. Francis
 Time of Services 9:30 A.M. July 5
 Date of Burial July 5
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: " ⊕
 " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin Sil. G. B. N. S. Size 6/6 Maker _____ \$ _____
 Lining White Silk Pillow White Silk Handles Q. Sil
 Plate Q. Sil How Engraved Name
 Number of Robe _____ Color Gray
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Kan. Brack Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Hillside Cemetery, City Call or R. R. Depot _____
 Number Coaches to 10 " " " " " _____
 Porters _____
 Advertised in Wailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date 59

Date of Death

1913

Color

Age

Years 19

Months 1

Days 25

Full Name

Single Single

Married

Widowed

Last Place of Residence

Street

No

Occupation

Sex

Birthplace, or if Foreign Born

Father's Name

Birthplace

Mother's

Chief Cause of Death

Contributing Cause

Attending Physician

"

"

Residence

Place of Burial

Cemetery Lot or Grave No.

"

Section No.

Services at

Time of Services

Date of Burial

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: " "
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

Silk Gr. Plush Size 5045 Net

Maker

National

\$

Lining

White Satin

Pillow

White Satin

Handles

French Gr. Sil

Plate

Gray & Sil

How Engraved

Name

Number of Robe

Own Suit

Color

Blue

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Roe Brach

Washing, Dressing and Shaving

Use

8 Doz. Chairs

Draperies

Candelabra

Best

Candles

Removing Remains

Crape

Flowers

W. Ribbon

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Maple St Cemetery

City Call or R. R. Depot

Number Coaches to

10

Porters

Advertised in

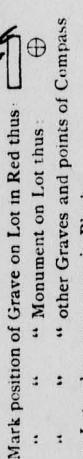
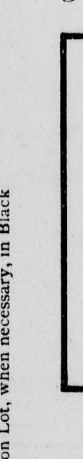
Herald

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 _____ To Date 60
 Date of Death July 7th 1913 Color White Age 48
 { Years 48
 Months _____
 Days _____
 Full Name Romuald M. Lapierre { Single _____
 Married Married
 Widowed _____
 Last Place of Residence 16 School St Adams Street _____ No. _____
 Occupation Printworks hand Sex Male
 Birthplace, or if Foreign Born Canada
 Father's Name Andrew Lapierre Birthplace Can.
 Mother's " Unknown " _____
 Chief Cause of Death Apoplexy Contributing Cause _____
 Attending Physician Dr. A. J. Brown M. D.
 " " Residence No. Adams
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. _____
 Services at Notre Dame
 Time of Services 9 A.M. July 9th
 Date of Burial _____
 Officiating Clergyman French Cure

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black

Number of Casket or Coffin 69 Size 6'0" x 3' Maker Florence \$ _____
 Lining Cotton Pillow _____ Handles _____
 Plate Silver How Engraved Hand script full name
 Number of Robe _____ Color Blk B B C
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to South View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 4 " " " " " "
 Porters _____
 Advertised in _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13

Record of the Funeral of
Christopher Hassett

Total No.
To Date 62

Date of Death July 17 19 13 Color White Age 27
 { Years 27
 Months
 Days

Full Name Christopher Hassett { Single
 Married
 Widowed

Last Place of Residence Westfield Mass. Street No.
 Occupation Chauffeur Sex Male

Birthplace, or if Foreign Born
 Father's Name George Hassett Birthplace
 Mother's Mary Rooney Pittsfield Mass.

Chief Cause of Death Acute appendicitis Contributing Cause
 Attending Physician Westfield Surgeon
 " " Residence

Place of Burial No. Adams
 Cemetery Lot or Grave No. St Josephs
 " Section No.
 Services at St Francis
 Time of Services 2 P M July 20
 Date of Burial July 20 13
 Officiating Clergyman Rev. Sullivan

Number of Casket or Coffin Int Oak Size 6/6 Maker Pine \$
 Lining White Satin Pillow White Satin Handles Sil.
 Plate Sil. How Engraved Name
 Number of Robe Green Silk Color
 Outside Case Pine Plate Engraved Delivered to
 Body Preserved with Washing, Dressing and Shaving
 Use Doz. Chairs Draperies Candelabra Candles
 Removing Remains Crape Gloves
 Cemetery Expenses Church Expenses Linen Scarf
 Hearse to Cemetery, City Call or R. R. Depot
 Number Coaches to 5 Hacks " " " "
 Porters
 Advertised in Clairies

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Train
Order

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19

1913

William Meade

To Date 63

Date of Death

July 20 1913

Color

White

Age

Years

Months

Days

Full Name

William Meade

Single

Married

Widowed

Last Place of Residence

Littleton N.H.

Street

No.

Occupation

Shoemaker

Sex

Male

Birthplace, or if Foreign Born

Father's Name

Thomas Meade

Birthplace

Ireland

Mother's

Elizabeth Haggerty

Chief Cause of Death

Accidental Drowning

Contributing Cause

Attending Physician

Littleton N.H. Doctor

"

"

Residence

Littleton

Place of Burial

No. Adams

Cemetery Lot or Grave No.

Hillside

"

Section No.

St Francis

Services at

St Francis

Time of Services

9 A.M. July 22

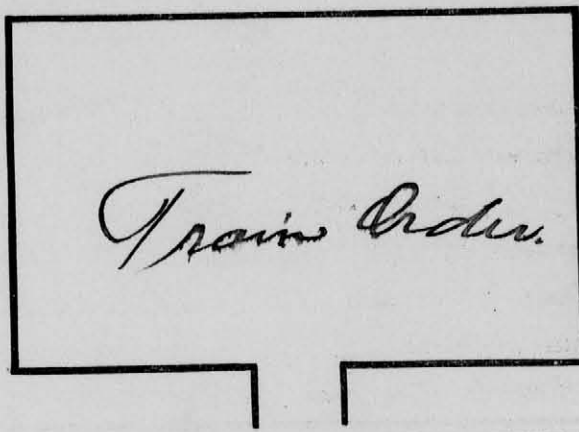
Date of Burial

July 22

Officiating Clergyman

Rev. Sullivan

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin

B.B. 6 sq

Size

6/6

Maker

Lining

White Satin

Pillow

White Satin

Handles

A. Sil. Ext.

Plate

A. Sil.

How Engraved

Number of Robe

Gym Suit

Color

Black

Outside Case

Sheet

Plate Engraved

Delivered to

Body Preserved with

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Grey Flowers

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

10

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13

Record of the Funeral of
Flora Loro

Total No.
To Date 64

Date of Death July 22 1913 Color White Age 17
 { Years 17
 Months 2
 Days 3

Full Name Flora Loro { Single
 Married Married
 Widowed

Last Place of Residence Hoosac Tunnel Street No.
 Occupation Housewife Sex female
 Birthplace, or if Foreign Born Readsboro Vt
 Father's Name Anthony Caporari Birthplace Italy
 Mother's " Mary Lepioli " "
 Chief Cause of Death Pul. Tuberculosis Contributing Cause
 Attending Physician Mr. Bradley
 " " Residence Hoosac Tunnel
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No.
 Services at St. Anthony's
 Time of Services 10 A. M. July 24
 Date of Burial July 24 '13
 Officiating Clergyman Rev. Battagis

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: " "
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin Pk & Plush Size 5/9 Maker Flourence \$
 Lining White silk Pillow — Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Chun dress Color Brown
 Outside Case Pine Plate Engraved — Delivered to
 Body Preserved with Naturelle Washing, Dressing and Shaving
 Use Doz. Chairs Draperies — Candelabra — Candles
 Removing Remains — Crape — Gloves
 Cemetery Expenses — Church Expenses — Linen Scarf
 Hearse to So. View Cemetery, City Call or R. R. Depot
 Number Coaches to 4 " " " " "
 Porters
 Advertised in Wailis

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 19 13

Record of the Funeral of

William Filym.

Total No.

To Date

69

Date of Death

Aug 1 1913

Color

White

Age

Years

Months

Days

12312

Full Name

William Filym.

Single

Married

Widowed

Single

Last Place of Residence

No. Adams Street

Street

New

No

54

Occupation

Student

Sex

Male

Birthplace, or if Foreign Born

Fall River Mass

Father's Name

William Filym.

Birthplace

England

Mother's

Catharine Filym

Chief Cause of Death

Accident of Drowning

Contributing Cause

Attending Physician

Dr. Brown

"

"

Residence

Fall River

Place of Burial

St. Patrick's

Cemetery Lot or Grave No.

"

Section No.

Fall River

Services at

Fall River

Time of Services

9 A M Aug 4 1913

Date of Burial

Aug 2

Officiating Clergyman

Mark position of Grave on Lot in Red thus:

" " Monument on Lot thus:

" " other Graves and points of Compass

on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin

Lamb Skin

Size

4/9

Maker

Messengers

Lining

White

Pillow

—

Handles

Sil

Plate

Sil

How Engraved

Name

Number of Robe

Gun Suits

Color

Blue

Outside Case

Prime

Plate Engraved

—

Delivered to

Body Preserved with

Nat. Brach.

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

—

Candelabra

—

Candles

—

Removing Remains

—

Crape

—

Gloves

—

Cemetery Expenses

—

Church Expenses

—

Linen Scarf

—

Hearse to

White to Depot

Cemetery, City Call or R. R. Depot

Number Coaches to

1————————

Porters

—

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....13.....

To Date 79

Date of Death..... Aug 10 1913

Color White Age

{ Years.....
Months.....
Days 10.....

Full Name..... James Blanchard

{ Single.....*Single*
 { Married.....
 { Widowed.....

Last Place of Residence No. 6 Adam Street W. Main No.

Occupation None Sex Male

Birthplace, or if Foreign Born..... No. Adams Hospital

Father's Name Walter Blanchard Birthplace Portland

Mother's " Bessie Randall " Williamstown

Chief Cause of Death.....Contributing Cause.....

Attending Physician.....*W. E. Curran*.....

“ “ Residence..... Eagle.....

Place of Burial..... No. 28 ans.....

Cemetery Lot or Grave No. 50, 1st ...

Section No. Free # 878

Services at.....None.....

Time of Services.....4.

Date of Burial..... Aug. 11.....

Officiating Clergyman..... J

Mark position of Grave on Lot in Red thus: ☐
 " " " Monument on Lot thus: $\oplus$
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMENTI E CEMENTI

Number of Casket or Coffin P.K.S. Size 1 1/2 Maker Hartford

Lining White Pillow 11 Handles 1

Plate.....	How Engraved.....
.....	

<i>Number of Robe</i> <i>Color</i>	
--	--

Outside Case.....*Plate Engraved*.....*Delivered to*.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use.....	Doz. Chairs.....	Draperies.....	Candelabra.....	Candles.....		
----------	------------------	----------------	-----------------	--------------	-------	-------

<i>Removing Remains.....</i>	<i>Crape.....</i>	<i>Gloves.....</i>		
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....		
------------------------	----------------------	------------------	-------	-------

Hearse to.....Cemetery, City Call or R. R. Depot.....

Number Coaches to..... " " " " "

Porters.....		
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Advertised in.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 13 _____ George H. Wood To Date 75 _____
 Date of Death Aug 15 1913 Color White Age _____ { Years 55
 Months 9
 Days 13
 Full Name George H. Wood { Single _____
 Married Married
 Widowed _____
 Last Place of Residence No. Adams Street State Road No. _____
 Occupation Mule Spinner Sex Male
 Birthplace, or if Foreign Born England Birthplace England
 Father's Name George H. Wood Mother's Unknown
 Chief Cause of Death Tuberculosis Contributing Cause _____
 Attending Physician Mr. Galvin
 " " Residence Blackington
 Place of Burial Blackington Cemetery
 Cemetery Lot or Grave No. _____
 " Section No. _____
 Services at Episcopal Chapel
 Time of Services 3 P. M. Aug 17
 Date of Burial Aug 17
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐ M
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin 222 Size 6/6 Maker Nat. \$ _____
 Lining White Satin Pillow _____ Handles 6 \$ _____
 Plate 6 How Engraved Name
 Number of Robe _____ Color Black BB
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Kar Brach Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape Flowers & ribbon Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Blackington Cemetery City Call or R. R. Depot _____
 Number Coaches to 5 " " " " " _____
 Porters _____
 Advertised in Dailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 1913

Record of the Funeral of

Total No.

To Date 77

Date of Death

Aug 21 1913

Color

White

Age

Years 69

Months

Days

Full Name

James Rogers

Single

Married

Widowed

Widowed

Last Place of Residence

No. Adams

Street

Bank

No 28

Occupation

Retired

Sex

Male

Birthplace, or if Foreign Born

Ireland

Father's Name

Unknown

Birthplace

Ireland

Mother's

Chief Cause of Death

Broken Hip & Nephritis

Contributing Cause

Attending Physician

Dr. Geo. H. Curran

Residence

No. Adams

Place of Burial

St. View

Cemetery Lot or Grave No.

Section No.

Services at

St. Francis

Time of Services

9 A M Aug 23

Date of Burial

Aug 23

Officiating Clergyman

Rev. J. Murphy

Number of Casket or Coffin

121 Int. Oak Size 6/6

Maker

B. B. Co

\$

Lining

White

Pillow

Handles

Sil. Rofe

Plate

Sil.

How Engraved

Name

Number of Robe

Gown Suit Color

Outside Case

Pink

Plate Engraved

Delivered to

Body Preserved with

Kerbrak

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

St. View

Cemetery, City Call or R. R. Depot

Number Coaches to

5

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 13

William Learning

To Date.....80.....

Date of Death.....Aug.....30.....1913.....

Color... *h/white* ... Age

{ Years 67
 { Months
 { Days

Full Name.....William Learning.

{ Single.....
 { Married..... *Married*
 { Widowed.....

Last Place of Residence.....No. Adams

Street Miller No. 3

Occupation.....Retired

Sex Male

Birthplace, or if Foreign Born.....Iceland

Father's Name..... James L. Learning

Birthplace.....*Silang*.....

Mother's " Unknown

Chief Cause of Death..... Endocarditis

Contributing Cause

Attending Physician.....*H. H. Kurrant*

“ “ Residence..... East St

Place of Burial..... Schazhucóke

Cemetery Lot or Grave No. 9

“ Section No.

Services at.....*St Francis*.....

Time of Services.....8.....A.M.

Date of Burial.....Sept 2 1913.....

Officiating Clergyman.....Rev Sullivan.....

Mark position of Grave on Lot in Red thus: 	⊕
" " " Monument on Lot thus: 	
" " " other Graves and points of Compass on Lot, when necessary, in Black.	

JEWELLERY LOAN

Number of Casket or Coffin. Oct 5, cor. Arch Size Top 6 Maker Marsellie \$

Lining White Satin Pillow White Satin Handles Cl Sip Exp

Plate Ch Sil How Engraved Name

Number of Robe One Color Black

Outside Case.....*Pine*.....Plate Engraved.....Delivered to

Body Preserved with.....Kay's Back.....Washing, Dressing and Shaving

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles

Removing Remains.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to Debat Cemetery, City Call or R. R. Depot

Number Coaches to.....7..... " " " " "

Porters.

Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 13 Record of the Funeral of Charles Houran Total No. To Date 82

Date of Death Sept 2 1913 Color white Age 7 { Years
Months
Days

Full Name Charles Houran { Single Single
Married
Widowed

Last Place of Residence No Adams Street Eagle No. 394
Occupation None Sex

Birthplace, or if Foreign Born No Adams Hospital Birthplace Bemington Vt

Father's Name Sidney Houran Mother's Elizabeth Fitzgerald

Chief Cause of Death Syphemia following eclampsia in the mother Contributing Cause

Attending Physician Dr Geo B Curran Residence

Place of Burial No Adams

Cemetery Lot or Grave No. St Joseph
Section No.

Services at None
Time of Services

Date of Burial 2 P.M. Sept 3

Officiating Clergyman

Number of Casket or Coffin # 5 Size 2 1/2 Maker Flournoy \$

Lining white Pillow Handles Leant

Plate Our Babe How Engraved Name

Number of Robe Our dress Color white

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Hedgic Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to Three " " " "

Porters

Advertised in Dailies

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 13

To Date.....84.....

Date of Death.....Sept.....13.....1913.....

Color white Age Months

Full Name

Single.....*Single*.....

Married.....

Widowed.....

Last Place of Residence, Schenectady N Y Street.....No.....

Occupation Laborer Sex M

Birthplace, or if Foreign Born.....1.....4

Father's Name James Ireland Birthplace Ireland

Mother's " / 0 " "

Chief Cause of Death Acute Dilatation of heart Contributing Cause

Attending Physician.....

“ “ Residence.....

Place of Burial.....No. Adams.....

Cemetery Lot or Grave No. No View

Section No.

Services at Schenectady, N. Y.

Time of Services.....

Date of Burial.....Sept 17, 19.....

Officiating Clergyman.....*Rev. M. E. Kemna*.....

Mark position of Grave on Lot in Red thus	
" " " Monument on Lot thus	$\oplus$
" " " other Graves and points of Compass on Lot, when necessary, in Black	

Train Order

CEMETERY LOT

Number of Casket or Coffin Elig. Intoak Size 6 1/2 Maker \$

Lining _____ Pillow _____ Handles Brass

Plate.....	How Engraved.....
1.....	
2.....	
3.....	
4.....	
5.....	
6.....	
7.....	
8.....	
9.....	
10.....	
11.....	
12.....	
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96.....	
97.....	
98.....	
99.....	
100.....	

Number of Robe.....Color.....

Outside Case Pine Plate Engraved..... Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....	Crape.....	Gloves.....	
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
------------------------	----------------------	------------------	--

Hearse to: St. Vrain Cemetery, City Call or R. R. Depot.....

Number Coaches to..... " " " " "

Porters.....

.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 19 13

Record of the Funeral of

Mary A. Reagan Bullen

Total No.

To Date 9/Date of Death Oct. 16 19 13Color White

Age

Years 66

Months

Days

Full Name

Mary A. Bullen

Single

Married

Widowed

Widowed

Last Place of Residence

No. Adams

Street

Union

No.

Occupation

None

Sex

Female

Birthplace, or if Foreign Born

Ansonia Ct.

Father's Name

John Reagan

Birthplace

Ireland

Mother's

Julia G. Reagan

Chief Cause of Death

Parisis

Contributing Cause

Attending Physician

Dr. Curran

"

"

Residence

Eagle

Place of Burial

No. Adams

Cemetery Lot or Grave No.

Hillside

"

Section No.

Services at

St. Francis

Time of Services

7:15 A. M., Oct 18

Date of Burial

Oct 18 13

Officiating Clergyman

Rev. Dunphy

Number of Casket or Coffin

3200Size 6/6

Maker

National

\$

Lining

White

Pillow

—

Handles

Elony & Sil

Plate

E. & Sil

How Engraved

Name

Number of Robe

Undress

Color

Black

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Mullum

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

7

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 19 13

Record of the Funeral of

Catharine M. Sullivan

Total No.

To Date 93Date of Death Oct 21 19 13Color White

Age

Years 74

Months

Days

Full Name

Catharine M. Sullivan

Single

Married

Widowed

Widowed

Last Place of Residence

No. Adams

Street

No. Holden No. 36

Occupation

None

Sex

Birthplace, or if Foreign Born

Ireland

Father's Name

Michael Gallagher

Birthplace

Ireland

Mother's

Margaret Courcy

Chief Cause of Death

Contributing Cause

Attending Physician

Dr. Hagan

"

"

Residence

Main

Place of Burial

No. Adams

Cemetery Lot or Grave No.

Hillside

"

Section No.

St. Francis

Services at

St. Francis

Time of Services

9 A.M. Oct 23

Date of Burial

Oct 28 13

Officiating Clergyman

Rev. Hagan

Number of Casket or Coffin

Solid Oak No. 9

Maker

Buckstaff & Edwards

Lining

White Maudslayi

Pillow

Handles

Brass

Plate

Brass

How Engraved

Name

Number of Robe

Undress

Color

Black

Outside Case

Chest

Plate Engraved

Delivered to

Body Preserved with

Multurn

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

8

Porters

Advertised in

Waikiki

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....9.5.....

Date of Death.....Oct 24th 1913.....

Color.....White.....Age.....

{ Years.....48.....
Months.....
Days.....Full Name.....Patrick O Connor.....
Single.....
Married.....Married.....
Widowed.....

Last Place of Residence.....Wilmington Vt.....Street.....No.....

Occupation.....Laborer.....Sex.....Male.....

Birthplace, or if Foreign Born.....Ireland.....

Father's Name.....John O Connor.....Birthplace.....Ireland.....

Mother's Name.....Hannah O Connor.....

Chief Cause of Death.....Typhoid Fever.....Contributing Cause.....

Attending Physician.....Dr. O. J. Brown.....

Residence.....Main.....

Place of Burial.....So. Boston Mass.....

Cemetery Lot or Grave No.....

Section No.....

Services at.....Charlestown.....

Time of Services.....

Date of Burial.....Oct 27.....

Officiating Clergyman.....

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.Shipped To
H. H. Ballahan
50. Warren St
So. Boston

CEMETERY LOT

Number of Casket or Coffin.....Pine Box.....Size.....Maker.....\$.....

Lining.....Pillow.....Handles.....

Plate.....How Engraved.....

Number of Robe.....Color.....

Outside Case.....Plate Engraved.....Delivered to.....

Body Preserved with.....Washing, Dressing and Shaving.....

Use.....Doz. Chairs.....Draperies.....Candelabra.....Candles.....

Removing Remains.....Crape.....Gloves.....

Cemetery Expenses.....Church Expenses.....Linen Scarf.....

Hearse to.....Cemetery, City Call or R. R. Depot.....

Number Coaches to.....

Porters.....

Advertised in.....Herald.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1913
Date of Death Oct 25 1913
Full Name William Cavanaugh
Last Place of Residence No. Adams
Occupation Teamster
Birthplace, or if Foreign Born Ireland
Father's Name Unknown
Mother's " "
Chief Cause of Death Endocarditis
Attending Physician Dr. Curran.
" " Residence Eagle
Place of Burial No. Adams
Cemetery Lot or Grave No. Hillside
" Section No.
Services at St. Francis
Time of Services 9 A M
Date of Burial Oct 27 1913
Officiating Clergyman Rev. M. E. Hanna.

Record of the Funeral of
Total No.
To Date 96
Color White Age 62
Single Married
Married Married
Widowed
Sex Male
Street Marshall No. 46
Birthplace Unknown
Contributing Cause

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

Number of Casket or Coffin Solid Mahogany Size 6/6 Maker National \$
Lining White Silk Pillow White Silk Handles Vet Bronze
Plate V Bronze How Engraved Name
Number of Robe Color Black B6
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Mullum Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Hill Side Cemetery, City Call or R. R. Depot
Number Coaches to 8
Porters
Advertised in Herald

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1918To Date 98Date of Death Nov 3 1918

Color.....Age.....

 Years 21
 Months.....
 Days.....
Full Name Salomon Markus
 Single Single
 Married.....
 Widowed.....
Last Place of Residence 525 East Main St

Street.....No.....

Occupation.....

Sex.....

Birthplace, or if Foreign Born SyriaFather's Name Kulley MarkusBirthplace SyriaMother's " Mary John

Chief Cause of Death.....

Contributing Cause.....

Attending Physician Dr. Curran" " Residence Eagle StPlace of Burial St. Josephs Cem

Cemetery Lot or Grave No.....

" Section No.....

Services at St. FrancisTime of Services 10 A.M.

Date of Burial.....

Officiating Clergyman.....

 Mark position of Grave on Lot in Red thus
 " Monument on Lot thus
 " " other Graves and points of Compass
 on Lot, when necessary, in Black

CEMETERY LOT

Number of Casket or Coffin See #1Maker Pierence

\$

Lining CommonPillow Made upSyl. Handles fluted barPlate Silver PlatedHow Engraved Script by HandNumber of Robe own suit Color blueOutside Case Pine

Plate Engraved.....Delivered to.....

Body Preserved with mutum Washing, Dressing and Shaving.....Use 4 Doz. Chairs.....

Draperies.....Candelabra.....Candles.....

Removing Remains.....

Crape.....Gloves.....

Cemetery Expenses.....

Church Expenses.....Linen Scarf.....

Hearse to St. Josephs Cemetery, City Call or R. R. Depot.....

Number Coaches to.....

Porters.....

Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1918Phyllis KnowlesTo Date 1918Date of Death Dec 111918Color White

Age

Years 4

Months

Days 16

Full Name

Phyllis KnowlesSingle Single

Married

Widowed

Last Place of Residence 108 Union North Adams Street

No.

Occupation

School Girl

Sex

Female

Birthplace, or if Foreign Born

North Adams

Father's Name

Arthur Knowles

Birthplace

England

Mother's

Mary A. Bulcock

Chief Cause of Death

Diphtheria

Contributing Cause

Attending Physician

D. E. Curran

"

"

Residence 6 E. Eagle St

Place of Burial

St Josephs grave #2

Cemetery Lot or Grave No.

East half lot No 784

"

Section No.

West of line

Services at

none

Time of Services

Date of Burial

Dec 12 - 1918

Officiating Clergyman

none

Number of Casket or Coffin

#5 - 3/4

Size

Maker Florence

\$

Lining

fair white

Pillow

made up

Handles

silver

Plate

Silver square

How Engraved

Hand script

Number of Robe

none

Color

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

5

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery St Josephs Cemetery, City Call or R. R. Depot

Number Coaches to

2 at funeral

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 1913 _____ Lena Mullett _____ To Date 102

Date of Death November 11th 1913 Color White Age 34 { Years 34
 Months 8
 Days 5

Full Name Lena Mullett { Single Single
 Married _____
 Widowed _____

Last Place of Residence North Adams Street Uearii No. 68

Occupation House wife Sex female

Birthplace, or if Foreign Born North Adams Mass

Father's Name Charles Sherman Birthplace North Adams Mass

Mother's " Mary Hudson " Hudson Ct

Chief Cause of Death Typhoid fever Contributing Cause _____

Attending Physician G. E. Curran M.D.

" " Residence 63 Beagle St

Place of Burial South View

Cemetery Lot or Grave No. grave # 1

" Section No. on flat

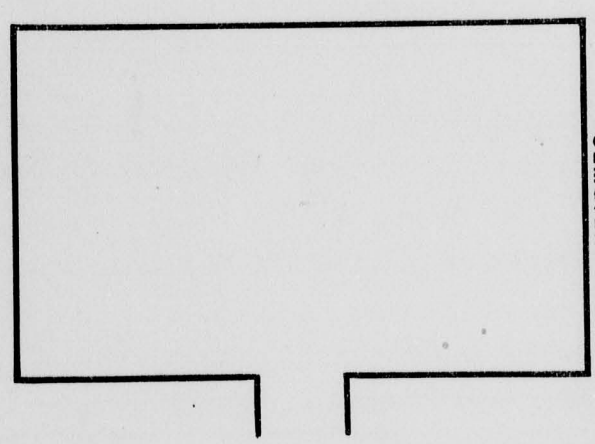
Services at Home

Time of Services 1:30 P.M.

Date of Burial Nov 13 - at 3 P.M.

Officiating Clergyman Rev Wilcox

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Number of Casket or Coffin Sil. Grey Comb. P. Size 4/6 Maker _____ \$ _____

Lining ordinary Pillow made up Handles Sil. Cor. bar

Plate Sil. to match How Engraved by Hand Script

Number of Robe own dress Color _____

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with formalin Washing, Dressing and Shaving _____

Use 2 Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to S. C. Cem. Cemetery, City Call or R. R. Depot _____

Number Coaches to 4 " " " " " " _____

Porters _____

Advertised in in Dailies

NATIONAL FUNERAL REGISTER

No. for
Year 19 13..... Record of the Funeral of Bridget Barrington..... Total No.
To Date 10-3.....

Date of Death Nov 13 19 13..... Color White Age..... { Years 70
Months 7
Days 8

Full Name Bridget Barrington..... { Single.....
Married Married
Widowed.....

Last Place of Residence No. Adams..... Street Quincy Ave No. 3

Occupation Housewife..... Sex Female

Birthplace, or if Foreign Born Ireland..... Birthplace Ireland

Father's Name John Cullen.....

Mother's Jane Murphy.....

Chief Cause of Death Arterio Sclerosis..... Contributing Cause.....

Attending Physician Dr. Crofts.....

" " Residence Main.....

Place of Burial No. Adams.....

Cemetery Lot or Grave No. Hillside.....

" Section No.

Services at St. Francis.....

Time of Services 9 A.M. Nov 15-13.....

Date of Burial Nov 15.....

Officiating Clergyman.....

Number of Casket or Coffin 5622 Nat Steel Size Gray B.B. 4 1/2 Maker Nat \$

Lining White corded Silk Pillow same Handles Ant. Side B.B. to match case

Plate Ant. Sil How Engraved Name

Number of Robe Quon dress Color Black

Outside Case Sheet Plate Engraved..... Delivered to.....

Body Preserved with multum Washing, Dressing and Shaving.....

Use 3 1/2 Doz. Chairs..... Draperies best Candelabra 6 lbs Candles.....

Removing Remains..... Crape Silk & Ribbon Gloves.....

Cemetery Expenses..... Church Expenses..... Linen Scarf.....

Hearse to Hillside Cemetery, City Call or R. R. Depot.....

Number Coaches to 8 " " " " " ".....

Porters.....

Advertised in Desire.....

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NATIONAL FUNERAL REGISTER

No. for _____
Year 19_____
Record of the Funeral of _____
Total No. _____
To Date.....1906.....

Date of Death November 21st 1913

Color White Age 2 7 yrs } Years.....
Months.....
Days.....

Full Name Thomas Donovan { Single Single
Married
Widowed

Last Place of Residence Schenectady N.Y. Street 10 No. 10

Occupation Student Sex male

Birthplace, or if Foreign Born.....North Adams Mass

Father's Name.....Birthplace.....

Mother's "....."

Chief Cause of Death... Pneumonia ... Contributing Cause...

Attending Physician.....

Residence. Schneestady.....

Place of Burial North Adams

Cemetery Lot or Grave No. 2.....

Section No. below wall

Services at St Francis Church at 9 A.M.

Time of Services.....*8 A.M.*.....

Date of Burial Nov 25th 1913

Officiating Clergyman.....

Name of Grantee or Coffin *Return S. Plunk Size 4 1/2* Maker *...* \$ *...*

Number of Casket or Coffin 2 Size Full Price 1200

Lin. W Latin Pillow Latin Handles

Plat. *S. m.* *Howe Engraved*

Plate sun How Eng. laid
Number of Bees 1 Color black

Number of Ribs Color
Outside Case Plate Engraved Delivered to

<i>Body Preserved with</i>	<i>Washing, Dressing and Shaving</i>	
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Use	Doz	Chairs	Draperies	Candelabra	Candles	
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[illegible]

Cemetery Expenses.....		Church Expenses.....	Linen Scarf.....	
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Hearse to Cemetery, City Call or R. R. Depot.....

1100/00 to.....	“	“	“	“	“		
Number Coaches to.....	“	“	“	“	“		

Porters.....

[illegible]

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 1913 _____ Henry Carono _____ To Date 10.8

Date of Death Nov 28 1913 Color White Age _____
 { Years 34
 Months
 Days

Full Name Henry Carono _____
 { Single
 Married
 Widowed

Last Place of Residence 52 West St. Street North Adams No. _____

Occupation Teamster Sex _____

Birthplace, or if Foreign Born Champlain N.Y.

Father's Name Frank Birthplace Champlain N.Y.

Mother's Eliza Devaney

Chief Cause of Death Chronic Alcoholism Contributing Cause _____

Attending Physician Mr. W. J. Brown

Residence _____

Place of Burial South View

Cemetery Lot or Grave No. 5

Section No. on flat

Services at Notre Dame

Time of Services 10 AM Nov. 25

Date of Burial Nov. 25

Officiating Clergyman _____

Number of Casket or Coffin Sil Grey Brass Size 6/8 Maker Messinger \$

Lining White Pillow Handles Sil

Plate Name Sil How Engraved _____

Number of Robe Color Black B. C.

Outside Case Pine Plate Engraved _____ Delivered to _____

Body Preserved with Mullum Washing, Dressing and Shaving _____

Use Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to So. View Cemetery, City Call or R. R. Depot _____

Number Coaches to 4 _____

Porters _____

Advertised in Herald _____

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1913.....

To Date 109.....

Date of Death..... Nov. 24 19.....

Color.....Age..... } Months.....

{ Years.....
Months.....
Days...21.....

Full Name Joseph Ernest Edwin Treganne } Married -

{ Single... Single
 { Married.....
 { Widowed.....

Last Place of Residence.....*North Adams Hospital*.....Street.....No.....

Occupation.....*none*.....Sex.....

Birthplace, or if Foreign Born.....*North Adams*.....

Father's Name Ernest F. Higgins Birthplace Nath Adams Mass

Mother's " Lennie Confield "

Chief Cause of Death miscellaneous.....Contributing Cause.....

Attending Physician.....*D. Curran*.....

Residence 68 Eagle St

Place of Burial. South View

Cemetery Lot or Grave No. 229 free lot

Section No. West

Services at program

Time of Services, 2 30

Date of Burial. Nov 2 45

Officiating Clergyman Harold C. Cline

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMENTERY LOT

Number of Casket or Coffin Pk square 4 Size Maker Florence \$

Lining *Sateen* Pillow *made up* Handles *lumber*

Plate	How Engraved
None	

Number of Robe awn dress Color White

Outside Case none.....Plate Engraved.....Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use — Doz. Chairs — Draperies Candelabra Candles

Removing Remains.....	Crape.....	Gloves.....	
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
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Hearse to Cemetery, City Call or R. R. Depot.....

Number Coaches to one " " " " "

Porters.....

Advertised in dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 13Bertha May PerryTo Date 110Date of Death Dec, 1 19 13Color White Age 15Years 15
Months
Days

Full Name

Bertha May PerrySingle Single
Married
Widowed

Last Place of Residence

No. AdamsStreet W. Main No. 76

Occupation

NoneSex Female

Birthplace, or if Foreign Born

No. Adams

Father's Name

Joseph Perry

Birthplace

Can.

Mother's

Abigail LombardRedford N. J.

Chief Cause of Death

Endocarditis

Contributing Cause

Attending Physician

Dr. Curran

" " Residence

Beale

Place of Burial

No. Adams

Cemetery Lot or Grave No.

Hillside

" Section No.

Services at

Not at Home

Time of Services

9 A. M.

Date of Burial

Dec, 3

Officiating Clergyman

Number of Casket or Coffin

Lambert & H. R. Size 3/4

Maker

Therence

Lining

White Silk

Pillow

Handles

Silk & Satin

Plate

Silk

How Engraved

Name

Number of Robe

White Cashmere

Color

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Mullum

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Hillside

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Year 19 13

Record of the Funeral of

John Leahy

Total No.

To Date 117

Date of Death

Dec 23 1913

Color

White

Age

Years 16

Months

Days 24

Full Name

John Leahy

Single

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

W. Main

No.

349

Occupation

Labourer

Sex

Male

Birthplace, or if Foreign Born

No. Adams

Father's Name

Patrick Leahy

Birthplace

Ireland

Mother's

Elizabeth Beckan

Chief Cause of Death

Grouped Pneumonia

Contributing Cause

Attending Physician

Dr. Crofts

Residence

W. Main

Place of Burial

Williamstown

Cemetery Lot or Grave No.

Woodlawn

Section No.

Services at

St. Francis

Time of Services

2 P.M. Dec 25

Date of Burial

Dec 25 13

Officiating Clergyman

Rev. M. G. Goody

Number of Casket or Coffin

16 Silk Plush

Size

6/6

Maker

National

\$

Lining

White Silk

Pillow

Same

Handles

Ant. Sil

Plate

Ant. Sil

How Engraved

Name

Number of Robe

Color

B.B.

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Almond

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Wentown

Cemetery, City Call or R. R. Depot

Number Coaches to

8

Porters

Advertised in

Wailis

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1913
Date of Death Jan 7 1913
Full Name Male infant of Edward Trabold
Last Place of Residence No. Adams Hospital
Occupation None
Birthplace, or if Foreign Born No. Adams Hospital
Father's Name Edward Trabold
Mother's Name Frankie Stevens
Chief Cause of Death Cardiac Failure
Attending Physician Dr. Curran
Residence Eagle
Place of Burial No. Adams
Cemetery Lot or Grave No. S. View
Section No.
Services at
Time of Services Jan 8 1913
Date of Burial Jan 8 1913
Officiating Clergyman
Number of Casket or Coffin P. R. 29 Size 1/9 Maker Florence
Lining White Pillow Handles
Plate How Engraved
Number of Robe Color
Outside Case Plate Engraved Delivered to
Body Preserved with Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to
Porters
Advertised in

Record of the Funeral of
Total No.
To Date 9
Years
Months
Days
Single
Married
Widowed
Street No.
Sex Male
Birthplace Adams
Birthplace No. Adams
Contributing Cause Premature
Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.
S. W. 2 lot 289
Grave #41
Premature
CEMETERY LOT

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 _____ Christof Luczynski To Date 8 _____
 Date of Death Jan 29 1914 Color White Age _____ { Years _____
 _____ { Months 1 _____
 _____ { Days 16 _____
 Full Name Christof Luczynski { Single Single _____
 _____ { Married _____
 _____ { Widowed _____
 Last Place of Residence No. Adams Street Gallup No. 107
 Occupation None Sex Male
 Birthplace, or if Foreign Born No. Adams Mass Birthplace Russia
 Father's Name Thomas Luczynski Birthplace Austria
 Mother's " Antonia Ballik " _____
 Chief Cause of Death Pneumonia Contributing Cause _____
 Attending Physician Dr. Giguere
 " " Residence North Sumner
 Place of Burial South View cem N Adams
 Cemetery Lot or Grave No. So. View
 " Section No. Line 885
 Services at None 885
 Time of Services _____
 Date of Burial Apr 25 1914
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 3a flat top PK Size 7a Maker Flarence \$ _____
 Lining Ordinary Pillow _____ Handles _____
 Plate CD How Engraved _____
 Number of Robe ann dress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to one single " " " " " "
 Porters _____
 Advertised in Dailies

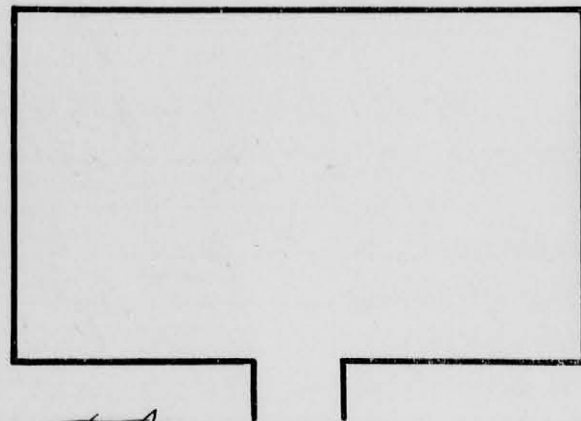
Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 _____ Mary Wolkensinger To Date 9 _____
 Date of Death Jan 31 1914 Color White Age _____ { Years 61
 Months _____
 Days _____
 Full Name Mary Wolkensinger { Single _____
 Married Married
 Widowed _____
 Last Place of Residence Stamford Vt. Street _____ No. _____
 Occupation Housewife Sex Female
 Birthplace, or if Foreign Born Germany
 Father's Name Joseph Mathias Birthplace Germany
 Mother's " Unknown " " "
 Chief Cause of Death Cardiac Dilatation Contributing Cause Asmath
 Attending Physician Dr. Curran
 " " Residence Eagle St
 Place of Burial Adams Mass.
 Cemetery Lot or Grave No. Maple St
 " Section No. _____
 Services at St Francis
 Time of Services 9 A M Feb 2 1914
 Date of Burial Feb 2 1914
 Officiating Clergyman Rev M. Kenna
 Number of Casket or Coffin B B B Size 6/6 Maker Flourence \$ _____
 Lining White Silk Pillow _____ Handles By
 Plate By How Engraved Name
 Number of Robe Cyndraas Color Black satin
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Natualle Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape Black Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Adams Cemetery, City Call or R. R. Depot _____
 Number Coaches to Two " " " " _____
 Porters _____
 Advertised in Dailies

Mark position of Grave on Lot in Red thus ☐
 " Monument on Lot thus ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19... 14.....

Record of the Funeral of

Total No. _____
To Date.....10.....

Date of Death.....Feb 7.....1914.....

Color White Age } Years 0
Months
Days

Full Name.....Julia Gokay.....

(Single.....
Married.....
Widowed *Widowed*.....

Last Place of Residence.....No. 1 Adams

Street W. Main No.

Occupation.....Religious P.

Sex female

Birthplace, or if Foreign Born.....Champlain N.Y.

Father's Name.....William Thobette

Birthplace... Can

Mother's " Unknown

Chief Cause of Death.....Exhaustion from race.....Contributing Cause

Attending Physician.....Dr. G. E. G. G. G.

“ “ Residence.....No. 61 d'Ambo.....

Place of Burial..... Adams Mass

Cemetery Lot or Grave No. Bellerose

Section No. 200

Services at..... Geyslock Mission

Time of Services..... 8:30 A.M. Feb 16

Date of Burial..... Feb. 16. '14

Officiating Clergyman.....*Rev. Sumner*.....

Number of Casket or Coffin.....222.....Size.....6/0

of *National* \$

Lining.....*White Sil*.....Pillow.

Handles Ch Sch

Plate A. Gil How Engraved Name

Number of Robe Wool Dress Color Black

Outside Case Pine Plate Engraved..... Delivered to

Body Preserved with Pyramid Washing, Dressing and Shaving

Use *Doz.* *Chairs*.....*Draperies*.....*Candelabra*.....*Candles*

Removing Remains.....Crape.....Gloves

Cemetery Expenses..... Church Expenses..... Linen Scarf.

Hearse to Adams Bellview Cemetery, City Hall or R. R. Depot

Number Coaches to 2 " " " " "

Porters

Porters.....

Advertised in *Harles*

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19... 14..... Adèle Escoliani..... Record of the Funeral of
Total No.
To Date... 12.....

Date of Death... Feb. 18..... 19 14..... Color... White..... Age.....
Years... 43.....
Months... 2.....
Days... 22.....

Full Name... Adèle Escoliani.....
Single.....
Married... Married.....
Widowed.....

Last Place of Residence... No. Adams..... Street... Thurman..... No. 109.....

Occupation... Housewife..... Sex... Female.....

Birthplace, or if Foreign Born... Italy.....

Father's Name... Luigi Battorini..... Birthplace... Italy.....

Mother's " " " Bianchi..... " " " ".....

Chief Cause of Death... Cancer of uterus..... Contributing Cause.....

Attending Physician... Dr. W. M. Brown.....

" " Residence... Mass......

Place of Burial... No. Adams.....

Cemetery Lot or Grave No. S. View.....

" Section No. S. W. Gr. 626 #2 grave.....

Services at.....

Time of Services.....

Date of Burial.....

Officiating Clergyman.....

Number of Casket or Coffin... # 62..... Size... 5' 9"..... Maker... Thurman..... \$.....

Lining... White..... Pillow... —..... Handles... Sil. rope.....

Plate... Sil...... How Engraved... Name.....

Number of Robe... Quadrant..... Color... White.....

Outside Case... Pine..... Plate Engraved..... Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use... Doz. Chairs..... Draperies..... Candelabra..... Candles.....

Removing Remains..... Crape..... Gloves.....

Cemetery Expenses..... Church Expenses..... Linen Scarf.....

Hearse to... Yomb..... Cemetery, City Call or R. R. Depot.....

Number Coaches to... " " " " " ".....

Porters.....

Advertised in... Dailies.....

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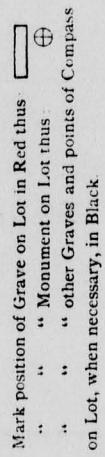
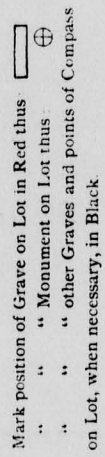
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NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Male Stranger To Date 13 about
 Date of Death Feb. 18 19 14 Color White Age 45 about } Years 45
 Months 45
 Days 45
 Full Name Male Stranger { Single Unknown
 Married _____
 Widowed _____
 Last Place of Residence Unknown Street Unknown No. _____
 Occupation U Sex Male
 Birthplace, or if Foreign Born U Birthplace _____
 Father's Name U Birthplace _____
 Mother's U Birthplace _____
 Chief Cause of Death Injuries from being struck by Electric car Contributing Cause _____
 Attending Physician Dr. C. J. Brown
 " " Residence Main
 Place of Burial So. View
 Cemetery Lot or Grave No. No. Adams
 " Section No. Free 1057
 Services at None
 Time of Services "
 Date of Burial Feb 24 '14
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus 
 " " Monument on Lot thus 
 " " other Graves and points of Compass on Lot, when necessary, in Black

Number of Casket or Coffin Outside Pine box Size _____ Maker F. Lawrence \$ _____
 Lining Muslin Pillow _____ Handles _____
 Plate _____ How Engraved _____
 Number of Robe Chon suit Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Pyramid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " _____
 Porters _____
 Advertised in Advertiser

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Guertina Gosalio To Date 15
 Date of Death Feb 27 19 14 Color White Age _____
 { Years 2
 Months 1
 Days 5
 Full Name Guertina Gosalio { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No. Adams Street State No. 148
 Occupation None Sex Male
 Birthplace, or if Foreign Born No. Adams Birthplace Italy
 Father's Name Stephen Gosalio
 Mother's Marguerita Luscia
 Chief Cause of Death Diphtheria Contributing Cause _____
 Attending Physician Dr. Curran
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. # 884 Free
 Services at None
 Time of Services _____
 Date of Burial Feb 28 1914
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus ☒ ⊕
 " " Monument on Lot thus ☐ ⊕
 " " other Graves and points of Compass
 on Lot, when necessary, in Black

Number of Casket or Coffin Lamb Skin Size 2 1/2 Maker Hartford \$ _____
 Lining White Pillow _____ Handles Lamb
 Plate Our Babe How Engraved Stamped
 Number of Robes Wondress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Pyridid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to One to Tomb " " " " _____
 Porters _____
 Advertised in Wailis

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1914

Record of the Funeral of
Louisa Charles

Total No.
To Date 16

Date of Death Mar. 5 1914 Color white Age 74
Years 74
Months
Days

Full Name Louisa Charles
Single
Married
Widowed

Last Place of Residence No. Adams Street No. 28
Occupation At Home Sex female
Birthplace, or if Foreign Born France
Father's Name Unknown Birthplace France
Mother's
Chief Cause of Death Pneumonia
Attending Physician Dr. McDonald
Residence Mar. Adams
Place of Burial No. Adams
Cemetery Lot or Grave No. So. View
Section No.
Services at St. John's
Time of Services 2:30 P.M. Mar. 7
Date of Burial Mar. 7
Officiating Clergyman Rev. Moody

Contributing Cause Fracture Hip

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin # 62 Size 5/9 Maker Florence \$
Lining white Pillow Handles Ch.
Plate Ex How Engraved Name
Number of Robe Color Black Cash
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Pyramid Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Tomb Cemetery, City Call or R. R. Depot
Number Coaches to 3
Porters
Advertised in Daily

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 14 Record of the Funeral of Hannah Meade Total No. To Date 17

Date of Death Mar 6 19 14 Color White Age 54 { Years 54
Months
Days

Full Name Hannah Meade { Single
Married Married
Widowed

Last Place of Residence No. Adams Street Ashland No. 123

Occupation Housewife Sex Female

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name John Foley Mother's Unknown

Chief Cause of Death Lobar Pneumonia Contributing Cause

Attending Physician Dr. Goff Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside Section No.

Services at St. Francis

Time of Services 9 A.M.

Date of Burial Mar 9 14

Officiating Clergyman Rev. J. Murphy

Number of Casket or Coffin 4 Size 4 Maker Marsell's \$

Lining White Silk Pillow White Silk Handles Ch

Plate W How Engraved Name

Number of Ropes Black Color

Outside Case Chest Plate Engraved Delivered to

Body Preserved with Pyramid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 7 " " " " "

Porters

Advertised in Clair

Mark position of Grave on Lot in Red thus: ☐
" " Monument on Lot thus: ☐
" " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 _____ Helen Mae Haslam _____ To Date 19 _____
 Date of Death Mar. 16 19 14 _____ Color White Age _____ { Years 40
 Months 10
 Days _____
 Full Name Helen Mae Haslam { Single Single
 Married _____
 Widowed _____
 Last Place of Residence Indian Orchard Mass. Street _____ No. _____
 Occupation None Sex Female
 Birthplace, or if Foreign Born _____
 Father's Name Ernest Haslam Birthplace _____
 Mother's Helen Cavanaugh _____
 Chief Cause of Death Myocardial Stenosis Contributing Cause _____
 Attending Physician _____
 " " Residence _____
 Place of Burial No. Adams _____
 Cemetery Lot or Grave No. So. View _____
 " Section No. _____
 Services at _____
 Time of Services _____
 Date of Burial Mar. 18 _____
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Train order.

Number of Casket or Coffin Lambert's Size _____ Maker _____ \$ _____
 Lining White Pillow _____ Handles Self
 Plate At Rest How Engraved _____
 Number of Robe _____ Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Whit. So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 5 " " " " " _____
 Porters _____
 Advertised in Dailies _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 14Hugh MurnaghanTo Date 22

Date of Death

Mar. 23 1914Color White

Age

Years 68Months 6

Days

Full Name

Hugh Murnaghan

Single

Married

Widowed

Married

Last Place of Residence

No. Adams

Street

MadNo. 87

Occupation

Harborer

Sex

Male

Birthplace, or if Foreign Born

Ireland

Father's Name

Marcel Murnaghan

Birthplace

Ireland

Mother's

Ellen M. Conville

"

"

Chief Cause of Death

accidental fall

Contributing Cause

Attending Physician

Dr. J. Brown

"

"

Residence

Main

Place of Burial

No. Adams

Cemetery Lot or Grave No.

St. Joseph's

"

Section No.

St. Francis

Services at

St. Francis

Time of Services

9 A.M.

Date of Burial

Mar. 27

Officiating Clergyman

Rev. Murphy

Number of Casket or Coffin

Solid Plain Oak

Size

6/0

Maker

Wat

Lining

White Satin

Pillow

White Satin

Handles

Brass Egt

Plate

Brass

How Engraved

Names

Number of Robe

Color

Black Cash

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Pyramid

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

St. Joseph's

Cemetery, City Call or R. R. Depot

Number Coaches to

7

Porters

Advertised in

Waikiki

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 William Carey To Date 24
 Date of Death Mar 31 1914 Color White Age 74 { Years 74
 Months _____ Days _____
 Full Name William Carey { Single _____ Married Married
 Last Place of Residence No. Adams Street Goughston No. 168
 Occupation Labourer Sex Male
 Birthplace, or if Foreign Born Ireland
 Father's Name William Carey Birthplace Ireland
 Mother's _____
 Chief Cause of Death Cerebral Softening Contributing Cause _____
 Attending Physician Mr. Curran
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. Hillside
 " Section No. _____
 Services at St. Francis
 Time of Services 9 A.M. Apr. 2 1914
 Date of Burial Apr. 3 1914
 Officiating Clergyman Rev. Murphy

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Number of Casket or Coffin 32.00 Size 6/0 Maker National \$ _____
 Lining White Silk Pillow _____ Handles Clx
 Plate Clx How Engraved Name
 Number of Robes Full suit Color Black
 Outside Case Chest Plate Engraved _____ Delivered to _____
 Body Preserved with Pyramid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra 2 Candles _____
 Removing Remains _____ Crape Black Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Hillside Cemetery, City Call or R. R. Depot _____
 Number Coaches to 6 " " " " _____
 Porters 2 Carriers
 Advertised in Mail

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1904

Record of the Funeral of
Morgan Farrell

Total No.
To Date 28

Date of Death Apr 3 1914 Color White Age { Years 83 Months Days

Full Name Morgan Farrell { Single Married Married Widowed

Last Place of Residence No. Adams Street No. 64 Occupation Retired Sex Male

Birthplace, or if Foreign Born Ireland Birthplace Ireland

Father's Name Morgan Farrell Mother's Ellen Rooney

Chief Cause of Death Nephritis Contributing Cause

Attending Physician Dr. M. M. Brown

" " Residence Main

Place of Burial No. Adams Cemetery Lot or Grave No. Hillside

" Section No.

Services at St. Francis Time of Services 9 A. M. Apr. 6 Date of Burial Apr. 6

Officiating Clergyman Rev. Murphy

Number of Casket or Coffin Solid Mahogany Size 6/6 Maker Marsellus \$ Lining Silk Brilliant Pillow Silk Brilliant Handles Mahogany Plate Mahogany finish How Engraved Name

Number of Robe Green Sued Color Outside Case Chest Plate Engraved Delivered to Body Preserved with Pyramid Washing, Dressing and Shaving Use Doz. Chairs Draperies Candelabra Candles Removing Remains Crape Gloves Cemetery Expenses Church Expenses Linen Scarf Hearse to Hillside Cemetery, City Call or R. R. Depot Number Coaches to 7 Porters Advertiser Waiter

NATIONAL FUNERAL REGISTER

No. for
Year 19 14

Record of the Funeral of
Lillian T Hartley

Total No.
To Date 28

Date of Death Apr 7 19 14 Color White Age 2 Years 7 Months 17 Days

Full Name Lillian T. Hartley Single Single Married Widowed

Last Place of Residence No. Adams Street Beta Place No. 8

Occupation None Sex female

Birthplace, or if Foreign Born No. Adams Birthplace England

Father's Name John Hartley Mother's Elizabeth Mulhoney

Chief Cause of Death Phthisis Contributing Cause

Attending Physician Dr. Russell

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's Section No. Single # 39

Services at None

Time of Services "

Date of Burial April 8 1914

Officiating Clergyman

Number of Casket or Coffin # 50 Size 9/8 Maker Florence \$

Lining White Pillow — Handles Sil. bar

Plate Cur. Bar How Engraved

Number of Robe — Color —

Outside Case Pine Plate Engraved — Delivered to —

Body Preserved with Judg. & Co. Washing, Dressing and Shaving

Use Doz. Chairs Draperies — Candelabra — Candles —

Removing Remains — Crape — Gloves —

Cemetery Expenses — Church Expenses — Linen Scarf —

Hearse to White Cemetery, City Call or R. R. Depot —

Number Coaches to One " " " " " "

Porters —

Advertised in Clair

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 14

Record of the Funeral of
Edwin H. Potter

Total No.
To Date 29

Date of Death Apr. 12 19 14 Color white Age 60 { Years 60
Months
Days

Full Name Edwin Potter { Single
Married Married
Widowed

Last Place of Residence No. Adams Street West No. 12

Occupation Shoemaker Sex Male

Birthplace, or if Foreign Born Adams

Father's Name Calvin Potter Birthplace Unknown

Mother's Anna Forrest

Chief Cause of Death Cerebral Hemorrhage Contributing Cause

Attending Physician W. J. Brown

Residence

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

Section No.

Services at Home

Time of Services 2:30 P. M. Apr. 14/14

Date of Burial Apr. 14

Officiating Clergyman Rev. Tenbrook

Number of Casket or Coffin # 62 Size 6/0 Maker Florence \$

Lining white Pillow white Handles A. S. S.

Plate A. S. S. How Engraved Name

Number of Robe 1 Color B. B. C.

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Pyramid Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 4

Porters

Advertised in Wailis

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " other Graves and points of Compass
on Lot, when necessary, in Black

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 14

Record of the Funeral of
Alice Shanahan

Total No.
To Date 34

Date of Death May 7 19 14 Color White Age 35
 { Years 35
 Months
 Days

Full Name Alice Shanahan { Single
 Married Married
 Widowed

Last Place of Residence No. Adams Street Hillside No. 156

Occupation Housewife Sex Female

Birthplace, or if Foreign Born No. Adams Birthplace Ireland

Father's Name John Bourque Mother's Alice Slattery

Chief Cause of Death Acute Phthisis Contributing Cause

Attending Physician Dr. M. G. Gault

" " Residence Main

Place of Burial No. Adams

Cemetery Lot or Grave No. Hillside

" Section No.

Services at St. Francis

Time of Services 9 A.M. May 9

Date of Burial May 9

Officiating Clergyman Rev. Mr. Gault

Number of Casket or Coffin #1 Sil Grey Case 5/4 Maker Hartford

Lining White Pillow Handles 8 Rope

Plate Sil How Engraved

Number of Robe White Color White Cashmere

Outside Case Prin Plate Engraved Delivered to

Body Preserved with Naturelle Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to Hillside Cemetery, City Call or R. R. Depot

Number Coaches to 5 " " " " "

Porters

Advertised in Dailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 14Mary BlaisTo Date 37Date of Death May 19 19 14Color White Age 62
 Years 62
 Months
 Days
Full Name Mary Blais
 Single
 Married Married
 Widowed
Last Place of Residence No. AdamsStreet StateNo. 153Occupation HousewifeSex FemaleBirthplace, or if Foreign Born CanadaFather's Name Exillia SegrandeBirthplace Can.Mother's UnknownChief Cause of Death Lobar Pneumonia

Contributing Cause

Attending Physician Dr. GiguereResidence QuebecPlace of Burial So. View No. AdamsCemetery Lot or Grave No. So. View

Section No.

Services at Notre DameTime of Services 10 A.M. May 21Date of Burial May 21Officiating Clergyman Rev. JeannotteNumber of Casket or Coffin #62 extraSize 6/0Maker F. Lawrence

\$

Lining White & Black

Pillow

Handles SteelPlate Sil

How Engraved

NameNumber of Robe Wool Suit

Color

BlackOutside Case Pine

Plate Engraved

Delivered to

Body Preserved with Champion

Washing, Dressing and Shaving

Use Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to So. View

Cemetery, City Call or R. R. Depot

Number Coaches to 2

Porters

Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Female infant Sverr Phillipson To Date 39
 Date of Death June 5 19 14 Color White Age _____
 { Years _____
 { Months 3
 { Days _____
 Full Name Infant Sverr Phillipson { Single Single
 { Married _____
 { Widowed _____
 Last Place of Residence Florida Mt. Street _____ No. _____
 Occupation None Sex female
 Birthplace, or if Foreign Born Florida Mass
 Father's Name Sverr Phillipson Birthplace Sverden
 Mother's Ida Hakanson
 Chief Cause of Death Premature Birth Contributing Cause _____
 Attending Physician Dr. Riley
 " " Residence Richmond House
 Place of Burial Florida Mt.
 Cemetery Lot or Grave No. _____
 " Section No. _____
 Services at None
 Time of Services _____
 Date of Burial June 5 1914
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin P. Lombekian Size 1/9 Maker National \$ _____
 Lining White Pillow _____ Handles _____
 Plate _____ How Engraved _____
 Number of Robe _____ Color _____
 Outside Case _____ Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____
 Porters _____
 Advertised in _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____
Year 19_____
Record of the Funeral of *Charles A. Allen*
Total No. _____
To Date *1-1*

Date of Death June 23^d 1914 Color White Age { Years... 6.1
Months... 11
Days... 28

Full Name.....

☐ Single.....

☐ Married.....

☐ Widowed.....

Last Place of Residence.....Marion Ave.....Street.....No 91

Occupation Retired Sex Male

Birthplace, or if Foreign Born.....Holland

Father's Name.....Birthplace.....

Mother's "

Chief Cause of Death.....Contributing Cause.....

Attending Physician.....*Dr. J. H. M. Donald*
 " " Residence.....*Main*

Place of Burial..... No. Adams.....

Cemetery Lot or Grave No. So. View

“ Section No.

Services at St. Francis

Time of Services: 9 hr. in June 25-

Date of Burial June 12 5

Officiating Clergyman. *Rev M^c. Kenna*

Number of Casket or Coffin 2018 Size 6/ Maker H. Lorence \$

Lining *White Satin Pillow White Satin* Handles *Q Lin P*

Plate O.S.I. How Engraved Name

Number of Robe 00 Color Black Bl

Outside Case, Chest Plate Engraved..... Delivered to.....

Body Preserved with Champion Washing, Dressing and Shaving

Use.....	Doz. Chairs.....	Draperies.....	Candelabra.....	Candles.....		
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Removing Remains.....	Crape.....	Gloves.....	
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....
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Hearse to So View Cemetery, City Hall or R. R. Depot

Number Coaches to.....9..... " " " " "

Porters.....	
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Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Theresa Delnegro To Date 4/3
 Date of Death July 2 19 14 Color White Age 5 Yrs
 { Months _____
 { Days _____
 Full Name Theresa Delnegro { Single Single
 { Married _____
 { Widowed _____
 Last Place of Residence No. Adams Street Walnut No. 297
 Occupation None Sex female
 Birthplace, or if Foreign Born No. Adams Birthplace Italy
 Father's Name Nicholo Delnegro Mother's Catharine Marzoni
 Chief Cause of Death Broncho Pneumonia Contributing Cause _____
 Attending Physician Dr. M. J. Grath
 " " Residence Main
 Place of Burial So. View No. Adams
 Cemetery Lot or Grave No. So. View
 " Section No. 527 P
 Services at St. Anthony's
 Time of Services 10.30 A M July 5
 Date of Burial July 5 1914
 Officiating Clergyman Rev. Battarazzi

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin Hambskin Size 4/10 Maker Tiforce \$ _____
 Lining White Pillow _____ Handles Sil
 Plate Sil How Engraved Name
 Number of Robe Undress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Fluid Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to So. View Cemetery, City Call or R. R. Depot _____
 Number Coaches to 13 " " " " " "
 Porters _____
 Advertised in Dailies

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 1914
Date of Death July 6 1914
Full Name James Hlee
Last Place of Residence
Occupation Steamfitter
Birthplace, or if Foreign Born Worcester Mass
Father's Name William Hlee
Mother's Unknown
Chief Cause of Death injuries from R. R. train
Attending Physician Mr. R. J. Brown M. D.
Residence Main
Place of Burial North Adams
Cemetery Lot or Grave No. 50, View
Section No. Free 1052
Services at St. Francis
Time of Services 9 P. M. July 10
Date of Burial July 10 1914
Officiating Clergyman Rev. Murphy

Record of the Funeral of
Total No.
To Date 44
Years 36
Months
Days
Single
Married
Widowed
Street No.
Sex Male
Birthplace Ireland
Contributing Cause Unknown Alcoholism
Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.

Number of Casket or Coffin #1 Var. Coffin Size 6/8
Lining White Pillow
Plate How Engraved
Number of Robe Clean Suit Color
Outside Case None Plate Engraved Delivered to
Body Preserved with Wax Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Cemetery, City Call or R. R. Depot
Number Coaches to
Porters
Advertised in Daily

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 14John MichaelsTo Date 45Date of Death July 6 19 14Color White

Age

Years 34Months 8Days 29

Full Name

John Michaels

Single

Single

Married

Widowed

Last Place of Residence

No. Adams

Street

Montgomery No. 14

Occupation

Bartender

Sex

Male

Birthplace, or if Foreign Born

No. Adams

Father's Name

John Michaels

Birthplace

Ireland

Mother's

Margaret Brady

Chief Cause of Death

Acute Alcoholism

Contributing Cause

Attending Physician

Dr. Stafford H. Brown

" " Residence

Summer

Place of Burial

No. Adams

Cemetery Lot or Grave No.

St. Joseph's

" Section No.

Services at

St. Francis

Time of Services

9 A.M. July 9 '14

Date of Burial

July 9

Officiating Clergyman

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin 222

Size

6/0

Maker

National

\$

Lining White Silk

Pillow

—

Handles

Q. Sil.

Plate

Q. Sil.

How Engraved

Name

Number of Robe

Grey Suit

Color

Grey

Outside Case

Chestnut

Plate Engraved

—

Delivered to

Body Preserved with

Diamond

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

—

Candelabra

Best

Candles

Removing Remains

—

Crape

Grey

Gloves

Grey

Cemetery Expenses

—

Church Expenses

—

Linen Scarf

—

Hearse to

St. Joseph's

Cemetery, City Call or R. R. Depot

Number Coaches to

7

Porters

Advertised in

Mailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 14Lena LionTo Date 47Date of Death July 9 19 14Color white AgeYears 26

Months

Days

Full Name Lena Lion

Single

Married married

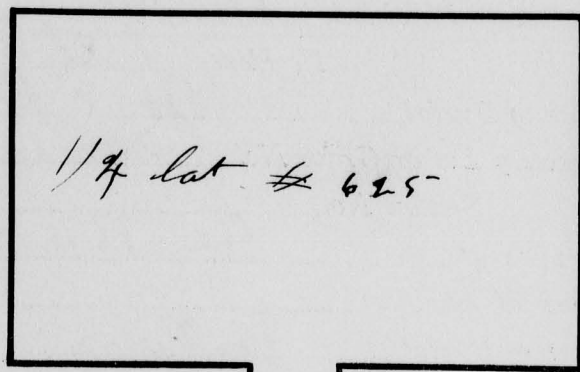
Widowed

Last Place of Residence No. AdamsStreet Centre No. 61Occupation HousewifeSex femaleBirthplace, or if Foreign Born GermanyFather's Name Emil H. Horstg.Birthplace Ger.Mother's Emma MeyerChief Cause of Death Acute Bright's disease Contributing CauseAttending Physician Dr. GormanResidence EaglePlace of Burial No. AdamsCemetery Lot or Grave No. So. View

Section No.

Services at Comiski'sTime of Services 2 P M July 12Date of Burial July 12Officiating Clergyman Rev. Gerrish

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin Sil. Gr. Case Size 48Maker HartfordLining White Silk PillowHandles W. SilPlate Q. Sil How EngravedNumber of Robe Color Guy ChiffonOutside Case Pine Plate Engraved Delivered toBody Preserved with Nirvana Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to So. View Cemetery, City Call or R. R. DepotNumber Coaches to 6 " " " " "

Porters

Advertised in Laillies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Ethel J. Florentina To Date 8/1
 Date of Death July 24 19 14 Color White Age 19 10
 { Years 19
 { Months 10
 { Days _____
 Full Name Ethel J. Florentina { Single Single
 { Married _____
 { Widowed _____
 Last Place of Residence No. Adams Street River No. 433
 Occupation Student Sex Female
 Birthplace, or if Foreign Born Portchester N. Y.
 Father's Name Joseph Florentina Birthplace Italy
 Mother's Amelia Pirra
 Chief Cause of Death Suppurative pneumonia Contributing Cause _____
 Attending Physician Dr. A. Curran
 " " Residence Eagle
 Place of Burial No. Adams
 Cemetery Lot or Grave No. 1051
 " Section No. free
 Services at House & Grave
 Time of Services 4 PM at House
 Date of Burial July 26
 Officiating Clergyman Rev. Wilcox

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black.

CEMETERY LOT

Number of Casket or Coffin PK regular Size 5/6 Maker _____ \$ _____
 Lining Stamped Pillow _____ Handles Silver bar
 Plate Plain Silver How Engraved Hand script
 Number of Robe gun dress Color White
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Champion Washing, Dressing and Shaving _____
 Use 2 Doz. Chairs no Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape Plain with Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Southbury Cemetery, City Call or R. R. Depot _____
 Number Coaches to 2 " " " " " "
 Porters _____
 Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...14.....

To Date.....629.....

Date of Death..... July 29..... 1914

Color white Age Months!

Years.....!
Months.....!
Days 24.....

Full Name Augustino Mike

Single.....*Single*
Married.....
Widowed.....

Last Place of Residence..... No. Williams

Street.....State.....No. 617

Occupation.....None

Sex Male

Birthplace, or if Foreign Born..... No. Adams

Father's Name..... Juliano Milesi

Birthplace Italy

Mother's "Charlotte Harmonie

Chief Cause of Death

Contributing Cause.....

Attending Physician.....*Dr. G. Buran*.....

“ “ Residence..... *Bagh*.....

Place of Burial.....No. 1085

Cemetery Lot or Grave No. So. View

Section No.

Services at..... St Anthony's

Time of Services..... 3 P M July 30

Date of Burial..... July 30

Officiating Clergyman.....Rev. H. Galt

Number of Casket or Coffin *1* *hsk*? Size *2*

Maker *H. Lawrence* \$

--	--

Number of Casket or Coffin.....
Lining..... Pillows.....

Handles Lamb

DL-10 *How Engraved*

Number of Bees *12* Color *White*

Outside Case fine 1 Plate Engraved.....Delivered to

Body Preserved with Hydroxyl Washing, Dressing and Shaving

Use / Doz Chairs Draperies Candelabra Candles

Removing Remains.....Crape.....Gloves.....

Cemetery Expenses.....Church Expenses.....Linen Scarf.

Hearse to Cemetery, City Call or R. R. Depot.

Number Coaches to 5 " " " " "

Porters

..... f d B ,

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Male infant Ralph Belding To Date 64
 Date of Death Aug 1 19 14 Color White Age _____
 { Years _____
 Months _____
 Days _____
 Full Name Male infant of Ralph Belding { Single Single
 Married _____
 Widowed _____
 Last Place of Residence No Adams Street Prospect No _____
 Occupation None Sex Male
 Birthplace, or if Foreign Born No Adams Birthplace Pownal Vt
 Father's Name Ralph Belding " No Adams
 Mother's " Mary Macksey " No Adams
 Chief Cause of Death Still born Contributing Cause _____
 Attending Physician Dr. Rosa Fletcher
 " " Residence Summer
 Place of Burial No Adams
 Cemetery Lot or Grave No. S. View 889 Plot
 " Section No. Three
 Services at _____
 Time of Services _____
 Date of Burial Aug 3 14
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " Monument on Lot thus: ☐ M
 " " other Graves and points of Compass on Lot, when necessary, in Black.

bottom of 889 P
Stillborn

Cemetery Lot

Number of Casket or Coffin 2 Size 7/6 Maker F. Lawrence \$ _____
 Lining White muslin Pillow _____ Handles _____
 Plate _____ How Engraved _____
 Number of Robes Brown dress Color White
 Outside Case none Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to at Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " _____
 Porters _____
 Advertised in _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____
 Year 19 14 _____
 Record of the Funeral of Mary Wood
 Total No. _____
 To Date 5-5 _____

Date of Death Aug 21 1914 Color White Age 24 }
 Months 24 }
 Days 24 }

Full Name Mary Wood { Single.....
Married.....
Widowed Widowed

Last Place of Residence No. Adams Street State Rd No 563

Occupation Housewife Sex female

Birthplace, or if Foreign Born. England

Father's Name Samuel Houston Birthplace England

Mother's " Unknown " Unknown

Chief Cause of Death *Acute Dilatation of heart* Contributing Cause

Attending Physician Dr. Galin

“ “ Residence, Blackington

Place of Burial Blackinton Cemetery

Cemetery Lot or Grave No. next to husband

“ Section No. 1

Services at Horse Church & Grave

Time of Services *House 7:00 Church 9 PM Jan 9 45 PM*

Date of Burial Aug 5th 1914

Officiating Clergyman *Rev Carter Winston*

Number of Casket or Coffin 32⁰⁰ Size 6 1/2 Maker Nat.

Lining White Silk Pillow — 10 Handles Sil & Satin

Plate Sil How Engraved Name

Number of Robe Color Black sew

Outside Case Pine Plate Engraved Delivered to

Body Preserved with.....*Champion*.....Washing, Dressing and Shaving.....

Use	2	Doz. Chairs	Draperies	Candelabra	Candles
-----	---	-------------	-----------	------------	---------

Removing Remains.....	Crape Black & Purple ^{with} Gloves		
-----------------------	--	--	--

Cemetery Expenses.....	Church Expenses.....	Linen Scarfs.....
------------------------	----------------------	-------------------

Hearse to Cemetery, City Call or R. R. Depot.....

Number Coaches to <u>Answer 5</u>	"	"	"	"	"
-----------------------------------	---	---	---	---	---

Porters

[illegible]

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 1914 _____ *Mary A. Nyck* To Date *5-8*
 Date of Death *August 7* 1914 Color *White* Age *104* { Years *104*
 Months *1*
 Days *2*
 Full Name *Mary A. Nyck* { Single _____
 Married _____
 Widowed *Widowed*
 Last Place of Residence *North Adams* Street *Ashland* No. *34*
 Occupation *Retired* Sex _____
 Birthplace, or if Foreign Born *Kenderhook, NY* *supposed to be*
 Father's Name *unknown* Birthplace *Kenderhook, NY*
 Mother's *Mary A.*
 Chief Cause of Death *Apoplexy* Contributing Cause *old age*
 Attending Physician *D. H. Cullen*
 " " Residence *6 E. Eagle St*
 Place of Burial *Valatie, NY*
 Cemetery Lot or Grave No. _____
 " Section No. _____
 Services at *Valatie, NY*
 Time of Services _____
 Date of Burial _____
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus:
 " " Monument on Lot thus:
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

at Valatie NY

Cemetery Lot

Number of Casket or Coffin *Crape # 64* Size *5/9* Maker *Florence* \$ _____
 Lining *Crumpled silk* Pillow _____ Handles *Silver bar*
 Plate *Silver cast* How Engraved _____
 Number of Robe *# 1* Color *blk*
 Outside Case *Pine* Plate Engraved _____ Delivered to _____
 Body Preserved with *Pyramax & Magic* Washing, Dressing and Shaving _____
 Use *1* Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to *none* " " " " " "
 Porters _____
 Advertised in *Dashie*

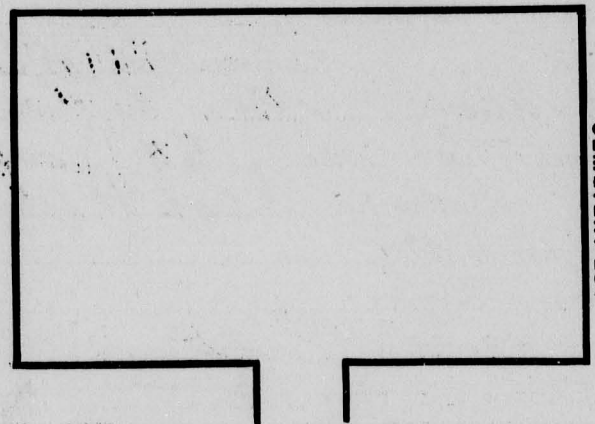
Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 14 Record of the Funeral of Agnus Q Neil Total No. 62
To Date 6 2
Date of Death Aug. 21 19 14 Color White Age 10 Years 4 Months 23 Days
Full Name Agnus Q Neil Single Single Married Married Widowed Widowed
Last Place of Residence No. Adams Street Louis Place No. 8
Occupation Student Sex female
Birthplace, or if Foreign Born Adams Mass
Father's Name James F. Q Neil Birthplace Ft. Edward N.Y.
Mother's Name Demie Perkins Birthplace Stephentown N.Y.
Chief Cause of Death Val. Disease of heart Contributing Cause
Attending Physician Dr. A. Curran
Residence Eagle
Place of Burial Adams Mass
Cemetery Lot or Grave No. Maple St
Section No. St. Francis
Services at 2 P.M. Aug 23
Time of Services Aug 23 1914
Date of Burial Rev. M. Kenna
Officiating Clergyman
Number of Casket or Coffin 721 Size 4/6 Maker Nat \$
Lining White Silk Pillow — Handles Sil
Plate Sil How Engraved Name
Number of Robe Chun dress Color White
Outside Case Pine Plate Engraved Delivered to
Body Preserved with Champion Washing, Dressing and Shaving
Use Doz. Chairs Draperies Candelabra Candles
Removing Remains Crape Gloves
Cemetery Expenses Church Expenses Linen Scarf
Hearse to Adams Cemetery, City Call or R. R. Depot
Number Coaches to 3
Porters
Advertised in Dailies

Mark position of Grave on Lot in Red thus:
" " Monument on Lot thus:
" " " other Graves and points of Compass
on Lot, when necessary, in Black.



Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...14

Anna Barbra

To Date

68

Date of Death...Sept 29 1914

Color...white

Age

Years...36

Months

Days

Full Name...Anna Hoherty Barbra

Single

Married

Widowed

Married

Last Place of Residence

No Adams Blackington

Street

Rivers

No 111

Occupation

Housewife

Sex

female

Birthplace, or if Foreign Born

Boston

Father's Name

Roger Hoherty

Birthplace

Ireland

Mother's

Unknown

Chief Cause of Death

Enlarged liver & spleen

Contributing Cause

Attending Physician

W. F. H. Stafford

"

"

Residence

Summer St

Place of Burial

No Adams

Cemetery Lot or Grave No.

So View

"

Section No.

Free

Services at

Blackington Chapel

Time of Services

9 A M Sept

Date of Burial

Sept Oct 1

Officiating Clergyman

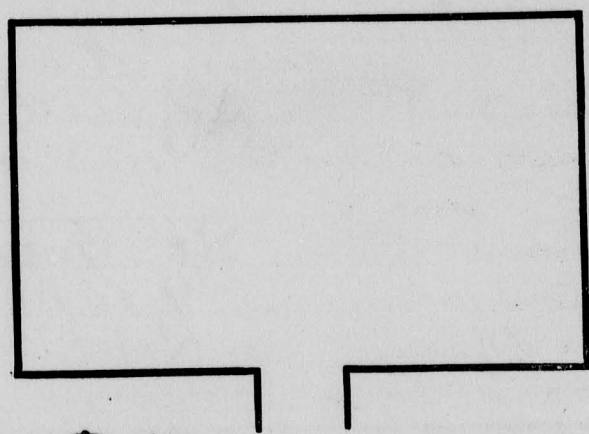
Rev Teehan

Mark position of Grave on Lot in Red thus:

" " Monument on Lot thus:

" " other Graves and points of Compass

on Lot, when necessary, in Black.



Number of Casket or Coffin

62

Size

5/9

Maker

H. J. Lawrence

\$

Lining

White & Black

Pillow

—

Handles

Ebony

Plate

Ebony

How Engraved

Name

Number of Robes

Black Suit

Color

Brown

Outside Case

Pine

Plate Engraved

Delivered to

Body Preserved with

Champion

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

So View

Cemetery, City Call or R. R. Depot

Number Coaches to

2

Porters

Advertised in

Hailie

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 14 Helen Urban Total No.
To Date 7.0

Date of Death Oct 6 19 14 Color White Age 9 Years 9 Months Days

Full Name Helen Urban Single Single Married Widowed

Last Place of Residence No. Adams Street Potter Place No. 5

Occupation Student Sex female

Birthplace, or if Foreign Born Ware Mass Birthplace Austria

Father's Name Stephen Urban Mother's Mary Zajac

Chief Cause of Death Eczema Contributing Cause

Attending Physician Dr. Arthur Curran Residence Eagle

Place of Burial No. Adams

Cemetery Lot or Grave No. St. Joseph's

Section No. Single Grave # 44

Services at St. Francis

Time of Services 8 A.M. Oct 8

Date of Burial 8 A.M. Oct 8 '14

Officiating Clergyman Rev. Mr. Govity

Number of Casket or Coffin Lamb Skin Size 4 1/2 Maker Session's \$

Lining White Pillow Handles Sil

Plate Blue Marling How Engraved Stamped

Number of Robe Four Color White

Outside Case Pine Plate Engraved Delivered to

Body Preserved with Champion Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses Church Expenses Linen Scarf

Hearse to St. Joseph's Cemetery, City Call or R. R. Depot

Number Coaches to 4 " " " " " "

Porters

Advertised in Dailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for
Year 19 14

Record of the Funeral of
Alfred Joseph Schabot

Total No.
To Date 77

Date of Death Nov. 5 1914 Color White Age 12 } Years
Months
Days

Full Name Alfred Joseph Schabot { Single Single
Married
Widowed

Last Place of Residence No. Adams Street Patten Place No. 6

Occupation None Sex Male

Birthplace, or if Foreign Born No. Adams

Father's Name Alfred Joseph Schabot Birthplace Brigham N.Y.

Mother's Margaret Roach No. Adams Mass

Chief Cause of Death _____ Contributing Cause _____

Attending Physician Dr. Geo. L. Curran

" " Residence Bagh

Place of Burial No. Adams

Cemetery Lot or Grave No. St Joseph's

" Section No. _____

Services at None

Time of Services Nov 6 1914

Date of Burial Nov 6 1914

Officiating Clergyman None

Number of Casket or Coffin # 5 1/2 Size 2 1/2 Maker Florence \$ _____

Lining White Silk Pillow _____ Handles Lamb

Plate Clara Darling How Engraved Stamped

Number of Robe Two Color White

Outside Case None Plate Engraved _____ Delivered to _____

Body Preserved with Fluid Washing, Dressing and Shaving _____

Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____

Removing Remains _____ Crape _____ Gloves _____

Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____

Hearse to _____ Cemetery, City Call or R. R. Depot _____

Number Coaches to One " " " " " "

Porters _____

Advertised in Wailies

Mark position of Grave on Lot in Red thus
" " " " Monument on Lot thus
" " " " other Graves and points of Compass
on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 William J Burnash To Date 78
 Date of Death Nov 6 1914 Color White Age _____
 { Years 35
 Months _____
 Days _____
 Full Name William J Burnash { Single _____
 Married Married
 Widowed _____
 Last Place of Residence No. Adams Street Houghton No. 176
 Occupation Carpenter Sex Male
 Birthplace, or if Foreign Born Blackbrook N.Y.
 Father's Name Joseph Burnash Birthplace Canada
 Mother's Matilda Lombard " Blackbrook N.Y.
 Chief Cause of Death neuritis Contributing Cause _____
 Attending Physician Dr. W. H. McGrath
 " " Residence Main
 Place of Burial No. Adams
 Cemetery Lot or Grave No. St. Vincent Cemetery
 " Section No. No. West Dr. Lot 662
 Services at Notre Dame
 Time of Services 9 A.M. Nov 9 '10
 Date of Burial Nov 9 '10
 Officiating Clergyman Rev. J. J. J. J.

Mark position of Grave on Lot in Red thus: ☐
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Grave # 1
 No. West Dr. Lot 662.

CEMETERY LOT

Number of Casket or Coffin 222 Size 6/6 Maker Nat \$ _____
 Lining White Sil Pillow _____ Handles Q Sil
 Plate Q Sil How Engraved Name
 Number of Robe Black B.C. Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with Diamond Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to St. Vincent Cemetery, City Call or R. R. Depot _____
 Number Coaches to 2 " " " " " " _____
 Porters _____
 Advertised in Herald

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 1914

Louis Mancuso

To Date 80

Date of Death Nov 10 1914

Color White

Age

Years

Months

Days

Full Name Louis Mancuso

Single Single

Married

Widowed

Last Place of Residence No. Adams

Street Ryan Lane No. 11 1/2

Occupation None

Sex Male

Birthplace, or if Foreign Born No. Adams

Father's Name George Mancuso

Birthplace Italy

Mother's " Angeline Gollano

Chief Cause of Death Still-born

Contributing Cause

Attending Physician Dr. Canedy for Mrs. Canedy

" "

Residence

Maine

Place of Burial No. Adams So. View

Cemetery Lot or Grave No. So. View

" Section No. Unit of 115 W of Board

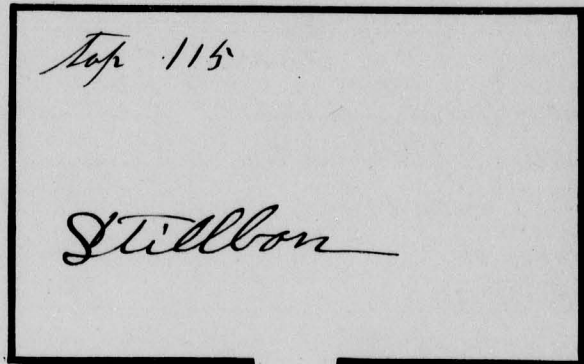
Services at None

Time of Services

Date of Burial Nov 11 1914

Officiating Clergyman

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: ☐
 " " other Graves and points of Compass
 on Lot, when necessary, in Black.



Number of Casket or Coffin P.K. coffin Size 9 1/2

Maker Hartford

Lining White

Pillow

Handles

Plate How Engraved

Number of Robe one Make Color White

Outside Case Plate Engraved Delivered to

Body Preserved with Washing, Dressing and Shaving

Use Doz. Chairs Draperies Candelabra Candles

Removing Remains Crape Gloves

Cemetery Expenses 1.00 Church Expenses Linen Scarf

Hearse to Cemetery, City Call or R. R. Depot

Number Coaches to " " " " "

Porters

Advertised in

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 1914 _____ Infant of Ermanno Trati _____ To Date 82 _____
 Date of Death Nov 11 1914 Color White Age _____ { Years _____
 Months _____
 Days _____
 Full Name not named male Infant of Ermanno Trati { Single Single _____
 Married _____
 Widowed _____
 Last Place of Residence # 3 Morgan ave off state st Street _____ No. 3 _____
 Occupation none Sex male _____
 Birthplace, or if Foreign Born North Adams _____
 Father's Name Ermanno Trati Birthplace Italy _____
 Mother's " Nicola Graziani " " _____
 Chief Cause of Death _____ Contributing Cause _____
 Attending Physician Dr. Diocchi _____
 " " Residence Adams Mass _____
 Place of Burial South View North Adams Mass _____
 Cemetery Lot or Grave No. 898 P _____
 " Section No. free _____
 Services at none _____
 Time of Services _____
 Date of Burial Nov 13 - 1914 _____
 Officiating Clergyman none _____

Mark position of Grave on Lot in Red thus: ☒
 " " Monument on Lot thus: _____
 " " other Graves and points of Compass _____
 on Lot, when necessary, in Black.

Three Lot #

CEMETERY LOT

Number of Casket or Coffin Square SS Size 2/2 Maker T. M. Miller & Co \$ _____
 Lining muslin Pillow _____ Handles _____
 Plate _____ How Engraved _____
 Number of Robe _____ Color White _____
 Outside Case none Plate Engraved _____ Delivered to _____
 Body Preserved with none Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses 1.00 Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " _____
 Porters _____
 Advertised in _____

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 _____ To Date _____ 84

Date of Death Nov 16 1914 Color White Age _____
 { Years 87
 Months _____
 Days _____

Full Name Mrs Nellie Jepson { Single _____
 Married _____
 Widowed _____

Last Place of Residence Blackinton Swampscott Mass. No. _____
 Occupation Housewife Sex Female

Birthplace, or if Foreign Born Pownal Vt
 Father's Name Frank Stevens Birthplace Whitcomb Vt
 Mother's " Julia Barnes " Swift River Mass.

Chief Cause of Death Typhoid Fever Contributing Cause _____
 Attending Physician _____

" " Residence _____
 Place of Burial Bennington Vt
 Cemetery Lot or Grave No. _____
 " Section No. _____

Services at 104 Cole Ave. Williamstown Mass.
 Time of Services 10 A.M. Nov 18 1914
 Date of Burial Nov 18 1914
 Officiating Clergyman Rev J. Franklin Carter

Number of Casket or Coffin _____ Size _____ Maker _____ \$ _____
 Lining _____ Pillow _____ Handles _____
 Plate _____ How Engraved _____
 Number of Robe _____ Color _____
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Williamstown Cemetery, City Call or R. R. Depot _____
 Number Coaches to _____ " " " " " _____
 Porters _____

Advertised in Dailies

Mark position of Grave on Lot in Red thus: ☒
 " " " Monument on Lot thus: ☐
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

CEMETERY LOT

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 14Charles HudaTo Date 92Date of Death Dec 10 19 14Color White Age 1 Years 1 Months 1 Days 14

Full Name

Charles HudaSingle Single

Married

Widowed

Last Place of Residence

No. AdamsStreet Willow Hill No. 82

Occupation

NoneSex Male

Birthplace, or if Foreign Born

No. Adams

Father's Name

Tony HudaBirthplace Austria

Mother's

Rose Webarra

Chief Cause of Death

Acute Bronchitis

Contributing Cause

Attending Physician

Dr. Geo. L. Curran

"

"

Residence

Eagle St

Place of Burial

No. Adams

Cemetery Lot or Grave No.

St. Joseph's

"

Section No.

Single # 48

Services at

None

Time of Services

Date of Burial

Dec 12

Officiating Clergyman

☐ Mark position of Grave on Lot in Red thus:
☐ " Monument on Lot thus:
☐ " " other Graves and points of Compass
☐ " on Lot, when necessary, in Black.



CEMETERY LOT

Number of Casket or Coffin

Samuel KingSize 2 1/2

Maker

\$

Lining

White Plain

Pillow

Handles

Leam

Plate

Our Darling

How Engraved

Stamped

Number of Robe

ChantresColor White

Outside Case

Plate Engraved

Delivered to

Body Preserved with

Fluid

Washing, Dressing and Shaving

Use

Doz. Chairs

Draperies

Candelabra

Candles

Removing Remains

Crape

Gloves

Cemetery Expenses

Church Expenses

Linen Scarf

Hearse to

Cemetery, City Call or R. R. Depot

Number Coaches to

Porters

Advertised in Mailies

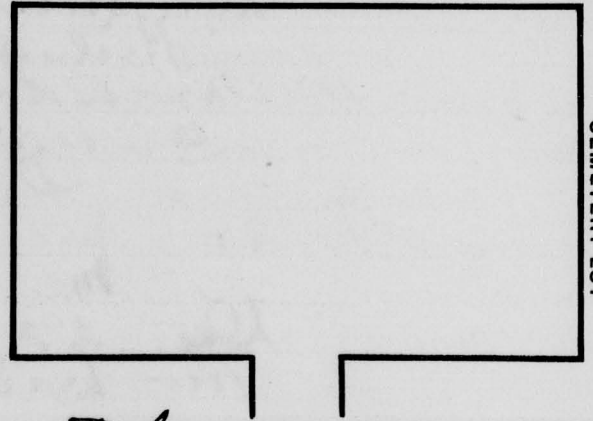
Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for 14 Record of the Funeral of Viola Cherry Total No. 97
 Year 19 14 Date of Death Dec 14 19 14 Color White Age 3 Years 8 Months 5 Days
 Full Name Viola Cherry Single Single Married Married Widowed Widowed
 Last Place of Residence No. Adams Street Temple No. 2
 Occupation None Sex Female
 Birthplace, or if Foreign Born No. Adams Birthplace Russia
 Father's Name Adam Cherry Mother's Marcell Bejorn
 Chief Cause of Death Broncho Pneumonia Contributing Cause Mr. Russell
 Attending Physician Mr. Russell Residence River
 Place of Burial No. Adams Cemetery Lot or Grave No. St Joseph's Section No. St Francis
 Services at St Francis Time of Services 9 A.M. Dec. 16 1914
 Date of Burial Dec 16 1914 Officiating Clergyman Rev. Murphy
 Number of Casket or Coffin # 5 lambekim Size 3/6 Maker Filoume \$ 5
 Lining White Silk Pillow — Handles Sil
 Plate On Lining How Engraved Stamped
 Number of Robe fun dress Color White
 Outside Case Pine Plate Engraved — Delivered to —
 Body Preserved with Fluid Washing, Dressing and Shaving —
 Use Doz. Chairs Draperies — Candelabra — Candles —
 Removing Remains — Crape — Gloves —
 Cemetery Expenses — Church Expenses — Linen Scarf —
 Hearse to St Joseph's Cemetery, City Call or R. R. Depot —
 Number Coaches to 4 " " " " " "
 Porters —
 Advertised in Dailies

Mark position of Grave on Lot in Red thus: ☒ ⊕
 " " " Monument on Lot thus: ☐ ⊕
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

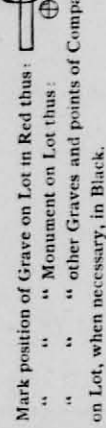
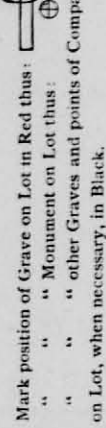


Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 14 Isabella Johnson To Date 99
 Date of Death Dec 19 19 14 Color Colored Age _____ { Years 27
 Months _____
 Days _____
 Full Name Isabella Johnson { Single _____
 Married married
 Widowed _____
 Last Place of Residence Florida Mass Street _____ No. _____
 Occupation None Sex female
 Birthplace, or if Foreign Born Richmond Va
 Father's Name Unknown Birthplace _____
 Mother's _____
 Chief Cause of Death Pul Tuberculosis Contributing Cause _____
 Attending Physician Dr. W. J. Brown M.D.
 " " Residence No. Adams
 Place of Burial Florida Mass
 Cemetery Lot or Grave No. Florida
 " Section No. _____
 Services at Florida Church
 Time of Services 4 P M Dec 21
 Date of Burial Dec 21 1914
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: 
 " " Monument on Lot thus: 
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin # 1 coffin Size 6/0 Maker F. Lorenz \$ _____
 Lining Black & gold Pillow _____ Handles 4
 Plate _____ How Engraved None
 Number of Robe # 0 Color Black
 Outside Case Pine Plate Engraved _____ Delivered to _____
 Body Preserved with _____ Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains from residence to White School house _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to Market street Cemetery, City Hall or R. R. Depot _____
 Number Coaches to none " " " " _____
 Porters _____
 Advertised in Wailies

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19...14.....

To Date 100.....

Date of Death.....Dec 24.....1914.....

Color *white* Age *1* } Years.....
 } Months.....
 } Days.....

Full Name

{ Single *Single*
 { Married
 { Widowed

Last Place of Residence.....No. Adams

Street Ashland No 145

Occupation.....None

Sex Male

Birthplace, or if Foreign Born..... No. Adams

Father's Name.....Michael O'Neil

Birthplace Syria

Mother's " Philomina Correy

Chief Cause of Death.....Pneumonia

Contributing Cause.....

Attending Physician..... Wm Geo Curran

“ “ Residence..... Eagle

Place of Burial..... No. Adams.

Cemetery Lot or Grave No. 1000 Men St Joseph's

Section No. Syrian Chest

Services at Home

Time of Services.

Date of Burial.....Mar. 27, 1915.....

Officiating Clergyman

Number of Casket or Coffin 2/6 ^{Emb. Metal} Comb. Metal ^{dry} Size 36 ^{MM} # 59 ^o Maker Florence

Lining *hair satin* Pillow *same*

Handle's Silver bar

Plate Q2 stamped How Engraved.

Number of Robe iron dress Color White

Outside Case Pine Plate Engraved.....Delivered to

Body Preserved with Lidged absorption Washing, Dressing and Shaving

Use — Doz. Chairs. — Draperies. — Candelabra. ^{5 light set} Candles

Removing Remains from tomb in spring.....Crape.....Gloves

Cemetery Expenses.....Church Expenses.....Linen Scarf.....

Hearse to Transport Cemetery, City Hall or R. R. Depot.

Number Coaches to em 6 " " " " "

Porters.

Advertised in *Dailies*

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19 14

Battista Signore

To Date 101

Date of Death Dec 24 19

Color *White* Age..... } Months.....
Days.....

{ Years *28*
 { Months
 { Days

Full Name..... Laffito Drenar

{ Single.....
 Married *Married*
 Widowed.....

Last Place of Residence *at Seaman's* *Match road North Seaman* Street *reservoir* No. *1*

Occupation *Laharer* 1 Sex *Male*

Birthplace, or if Foreign Born Italy

Father's Name Takhe Siganari Birthplace Italy

Mother's "Marquise Mahani" to her daughter's "Marquise Mahani"

Chief Cause of Death..... Contributing Cause.....

Attending Physician L. C. Brown M.D.

Residence 268 Church St.

Place of Burial *Placed in tomb then in spring*

Cemetery, Lot or Grave No. *St. Joseph's Single*

Section No. 52

Section 140.

Grav
Mon
other
cessar

Time of Services.....

Date of Burial.....

Officiating Clergyman.....

Number of Casket or Coffin 1 Unvarnished Size 3/4 Maker Florence \$

Lining *White* Pillow *Same* Handles *Of rope hair*

Plate *To match with* How Engraved *Hand script*

Number of Robe B B e Color Plk

Outside Case Pine Plate Engraved ————— Delivered to —————

Body Preserved with	Washing, Dressing and Shaving
----------------------------	--------------------------------------

Use —	Doz Chairs —	Draperies —	Candelabra 5 ¹	Candles
-------	--------------	-------------	--------------------------------------	---------

Removing Remains	Crate	Gloves

Cemetery Expenses	Church Expenses	Linen Scarf
-------------------	-----------------	-------------

Cemetery Expenses	Children Expenses	Children Sundry
Transfer to <i>Donch</i>	Cemetery City Call or R. R. Depot	

Hearse to Cemetery, City Can or R. R. Depot.....

M. L. Campbell " " " " "

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19_____. To Date. 103_____

Date of Death Dec 80 1914 Color White Age Years Months —

{ Years.....
 { Months.....
 { Days.....

Full Name Not Married Stillborn } Single single
Married

Last Place of Residence. E. S. Walnut St. of the Adams Street..... No.....

Occupation None Sex Male

Birthplace, or if Foreign Born. No. Adams

Father's Name Paola Pissinelli Birthplace Italy

Mother's " Esther Baldassarri " "

Chief Cause of Death.....Stillborn.....Contributing Cause.....

Attending Physician..... Mr. Candy.....

Residence Main St

Place of Burial.....No. Adams.....

Cemetery Lot or Grave No. S. O. VINE

Section No. Free Grant # 899

Services at.....

Time of Services.....

Date of Burial.....Dec 21 1914.....

Officiating Clergyman.....

Mark position of Grave on Lot in Red thus:  ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

Stilb-bom

CEMETERY LOT

Number of Casket or Coffin Lamb skin coffin Size 2 1/2 Maker Miller \$

Lining white Pillow white Handles white

<i>Plate</i>	<i>How Engraved</i>
.....	

Number of Robe *Color*

Outside Case.....Plate Engraved.....Delivered to.....

Body Preserved with..... Washing, Dressing and Shaving.....

Use.....	Doz. Chairs.....	Draperies.....	Candelabra.....	Candles.....	
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<i>Removing Remains.....</i>	<i>Crape.....</i>	<i>Gloves.....</i>	
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Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
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Hearse to Cemetery, City Hall or R. R. Depot.....

Number Coaches to.....

Porters.....

Advertised in.....

Dr.

Cr.

NATIONAL FUNERAL REGISTER

No. for

Record of the Funeral of

Total No.

Year 19.....

To Date.....104.....

Date of Death Dec 31 1914

Color White Age 3 1/2 Months —

{ Years 3 6
 Months —
 Days 2 1

Full Name Mark Duran

{ Single.....
 { Married.....*married*
 { Widowed.....

Last Place of Residence *North Adams mass* Street *St Union* No *.....*

Occupation *House wife* Sex *Female*

Birthplace, or if Foreign Born..... Noaspe Tunnel

Father's Name James Keissan Birthplace Ireland

Mother's " Susan Hutton "

Chief Cause of Death Cancer.....Contributing Cause.....

Attending Physician D. G. Curran

Residence Eagle

Place of Burial.....No. Adams.....

Cemetery Lot or Grave No. St Joseph's

Section No. 27

Services at.....*St. Francis*.....

Time of Services.....9. A. M. Jan. 2 1915.....

Date of Burial..... Jan 2 1913.....

Officiating Clergyman Rev. Richard Shields

Mark position of Grave on Lot in Red thus: ☐ ⊕
 " " " Monument on Lot thus:
 " " " other Graves and points of Compass
 on Lot, when necessary, in Black.

GEMEINEN FÜR

Number of Casket or Coffin *Self in Plush & C. Size 6 1/2* Maker *Jessons* \$

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Lining White Fig Bird Pillow White Fig Bird Handles Plush Lav Handles Extension

Plate	How Engraved	Name
11	11	11

Number of Robes *lyn dress* Color *haverdew*

Outside Case Chest.....Plate Engraved.....Delivered to.....

Body Preserved with Diamond.....Washing, Dressing and Shaving.....

Use.....Doz. Chairs.....Draperies.....Candelabra ^{Best}.....Candles.....

Removing Remains.....Crape ~~Gray~~ Black Gloves ~~Gray~~.....

Cemetery Expenses.....	Church Expenses.....	Linen Scarf.....	
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Hearse to St. Joseph's Cemetery, City Call or R. R. Depot.....

Number Coaches to..... " " " " "

<i>Porters</i>		
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Advertised in Nails

Dr.

Cr.

[illegible]

NATIONAL FUNERAL REGISTER

No. for _____ Record of the Funeral of _____ Total No. _____
 Year 19 _____ *Patsy Mazza* To Date *1*
 Date of Death *January 3* 19*15* Color *White* Age _____
 { Years _____
 Months *2*
 Days *15*
 Full Name *Patsy Mazza* { Single *Single*
 Married _____
 Widowed _____
 Last Place of Residence *171 Houghton St* Street _____ No. *171*
 Occupation *None* Sex _____
 Birthplace, or if Foreign Born *North Adams*
 Father's Name *Joseph Mazza* Birthplace *Italy*
 Mother's *Clara Carmichael*
 Chief Cause of Death *Double Acute Pneumonia* Contributing Cause _____
 Attending Physician *Dr. J. P. Brown*
 " " Residence *Church St*
 Place of Burial *in tomb*
 Cemetery Lot or Grave No. _____
 " Section No. _____
 Services at *grave*
 Time of Services *1:30*
 Date of Burial *1:30 PM Jan 4 1915*
 Officiating Clergyman _____

Mark position of Grave on Lot in Red thus: ☐ ☒
 " " Monument on Lot thus: " "
 " " other Graves and points of Compass on Lot, when necessary, in Black.

Number of Casket or Coffin *Hambleton's* Size *2 1/8* Maker *Thorne* \$ _____
 Lining *White* Pillow _____ Handles *Leant*
 Plate *Blue Harding* How Engraved *Name*
 Number of Robe *Blue dress* Color *White*
 Outside Case *Pine* Plate Engraved _____ Delivered to _____
 Body Preserved with *Thridgid* Washing, Dressing and Shaving _____
 Use _____ Doz. Chairs _____ Draperies _____ Candelabra _____ Candles _____
 Removing Remains _____ Crape _____ Gloves _____
 Cemetery Expenses _____ Church Expenses _____ Linen Scarf _____
 Hearse to _____ Cemetery, City Call or R. R. Depot _____
 Number Coaches to *2* " " " " " "
 Porters _____
 Advertised in *Wailies*

CEMETERY LOT

Dr.

Cr.

